Reference Guide

FOR COMMUNITY PARTNERS

COLORADO PEAK

Sign on. Submit. Benefit.

www.colorado.gov/PEAK

Table of Contents

Introduction

- Welcome 3
- Training Objectives 4
- How to Use this Manual 4
- Why PEAK? 5

Program Overview 6
Session Flowchart 7
Getting Started 8

- Finding PEAK 8
- Login to PEAK 13
- Before You Begin 16

Starting an Application 20
Review of Start Information 26
Populating People in the Household 28

- Populating Additional People in Household 30
- Indicating Pregnancy 31
- Determining Household Relationships 32
- Defining Household Members 35

Completing Liquid Assets 37

- Defining Liquid Assets 37
- Review of Liquid Assets 38

Completing Other Assets 40

- Defining Other Assets 40
- Review of Other Assets 42

Completing Job Income 43

- Review of Job Income 45

Completing Other Income 46

- Review of Other Income 47

Completing Housing Bills 48

- Review of Housing Bills 52

Completing Other Bills 53

- Review of Other Bills 54

Completing Final Questions 55

- Review of Final Questions 57

Initiating the Application 58

- Client Rights and Responsibilities 58
- Waiving the In-Person Interview 59
- Selecting the HMO 60
- Signing and Submitting the Application 61
- Printing an Application 66

Next Steps

- Completing the Application Process 67

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Introduction

Welcome to Colorado PEAK!

Colorado PEAK (Program Eligibility and Application Kit) is an exciting new website designed to ensure that every eligible individual, child and family in Colorado is screened for and enrolled in the health, nutrition and financial self-sufficiency benefits that help them thrive. It has been designed with you in mind – the success of PEAK relies on your participation in reaching out to and encouraging potential clients to apply. The primary goal of this training manual is to provide you with the knowledge and skills necessary to feel comfortable and competent in assisting clients in using the PEAK online application form.

It is important that we always keep focused on the benefits of using PEAK for the applicant. These include:

- Providing 24-hour access to the online screener, application form, benefits checker and reporting functions
- Ability to apply when it is convenient - saves non-submitted application data for 30 days
- Allows applicants to avoid perceived stigma by applying from a known, comfortable environment such as their home, a library or community organization
- Acts as a single application to access multiple programs
- Allows clients to apply for benefits with you – a person they know and trust
- Creates efficiencies for counties – improving timeliness and customer service
- Informs clients of the necessary documentation they may need to complete the application – empowering them to manage their information

Your help is critical in providing that link between your clients and the health coverage, food and cash assistance programs that may assist them in maintaining or becoming self-sufficient. Your role can encompass:

1. Promoting Colorado PEAK in your facility
2. Actively directing potential clients to the online screener and application
3. Providing assistance to individuals or families as they complete an online application
4. Guiding clients through the overall application process and assisting them with gathering the necessary documentation

We want to give you the skills needed to accomplish these goals, and this manual will serve as your reference guide when questions arise. We hope that you find it helpful and know that Colorado PEAK has been designed as another resource to help you serve your clients and communities.

Thank you,

The Colorado PEAK Outreach Team

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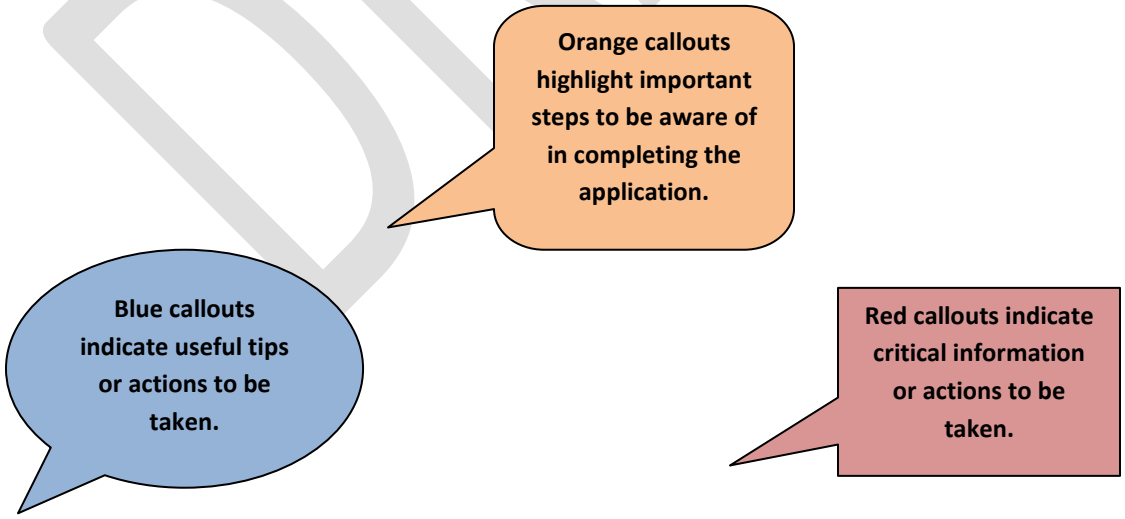
Training Objectives
When you complete this training, you will:

- Understand how PEAK can assist clients in securing medical, food and cash assistance benefits
- Understand your roles and responsibilities as a CBO partner of PEAK
- Learn details of the programs that can be accessed using PEAK
- Initiate a benefits application using the PEAK online software
    - Navigate to and log onto PEAK
    - Create a client account
    - Initiate an application
    - Submit an application electronically
    - Print an application
- Assist clients in completing the application process
    - Review next steps

About This Manual


Orange callouts highlight important steps to be aware of in completing the application.
Blue callouts indicate useful tips or actions to be taken.
Red callouts indicate critical information or actions to be taken.

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Why PEAK?

According to U.S. Census Bureau figures, more than $35 billion in federal funds are going unclaimed each year. This figure includes:

- Tax Refunds: Additional Child Credit, Child and Dependent Credit, Child Tax Credit and Earned Income Credit
- Food and Nutrition Program funds
- Health Care and Prescription Drug Program funds
- Energy Assistance Program funds
- Child Care Support Program funds

Additionally, the state of Colorado consistently ranks in the bottom 10 of key indicators of poverty.

- Colorado currently ranks 48th in the nation for children's health coverage[1]
- 804,462 Coloradans are currently uninsured, and over half (418,108) are living below 200% of the federal poverty level and would most likely be eligible for public health coverage[1]
- 334,069 children in Colorado are eligible but not enrolled in Medicaid or CHP+[1]
- Colorado ranks 30th in the nation for the percentage of overall population living below the federal poverty level[2]
    - 1,015,950 Coloradans live below 200% of the federal poverty levels
    - 362,230 Coloradans live below 250% of the federal poverty levels
- Colorado ranks 48th in the nation for food assistance (SNAP) enrollment with just 54% of those eligible Coloradans actually enrolled in the program[2]
- Only 40% of working poor in Colorado who are eligible for food assistance are enrolled[2]
- The child poverty rate in Colorado has grown by 72% since 2000[3] – this is the fastest growing rate in the United States[4]

[1] Colorado Health Institute. Retrieved on November 25, 2009 from ttp://datacenter.coloradohealthinstitute.org/data_results.jsp?i=275&rt=3&p=2&c=2
[2] U.S. Census Bureaus, 2007. American Community Survey. Retrieved on December 13, 2008 from http://www.census.gov/cgi-bin/saipe/saipe.cgi
[3] Colorado Children's Campaign 2010 Kids Count Annual Report
[4] * http://www.denverpost.com/ci_14871634?source=email

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Human Services Programs Supported by PEAK

The Colorado PEAK online application form allows Coloradans to apply for the following food, medical and cash assistance benefits that will help them gain self-sufficiency and thrive:

Cash Assistance

- **Temporary Assistance for Needy Families (TANF):**
  TANF (known as **Colorado Works** in Colorado) provides family stabilization services and helps eligible low-income families find and retain employment. Assistance and services provided may include child care, housing, cash payments, transportation and counseling.

- **Adult Financial (AF):**
  The Adult Financial program provides financial assistance to low-income aged, blind and disabled people who need help in meeting basic living costs:

  - **Aid to the Needy Disabled (AND)** – providing financial assistance to low income people over age 18 who have total disability lasting six months or longer that prevents them from working.
  - **Aid to the Blind (AB)** – providing financial assistance to low income people of any age who meet the Social Security definition of blindness.
  - **Colorado Supplement to Aid to the Needy Disabled/Aid to the Blind – Supplemental Security Income** – providing state supplement payment to people who receive partial benefits from the federal Supplemental Security Income (SSI) program.
  - **Old Age Pension (OAP)** – providing financial assistance to low income individuals age 60 and over.
  - **Home Care Allowance (HCA)** – providing financial assistance to elderly and disabled individuals for services paid directly to a home care provider of their choice who assists the client with their activities of daily living such as bathing, dressing, transfers, money management, and appointment management.
  - **Adult Foster Care (AFC)** – providing financial assistance up to the current grant standard to pay for residential care to people who are unable to perform some activities of daily living and who need 24-hour supervision in a non-medical residential facility.
  - **Burial Assistance** – providing financial assistance to help pay for funeral, burial, and/or cremation costs for recipients of Aid to the Needy and Disabled, Aid to the Blind, Old Age Pension, and Medicaid whose estates are insufficient to pay the total costs.

Medical Assistance

- **Family Medicaid:**
  Family Medicaid is a public health insurance program for Colorado children 18 years of age and younger and for parents with dependent children.

- **Child Heath Plan *Plus* (CHP*+*):**
  CHP+ is low-cost public health insurance for Colorado's uninsured children and pregnant women who earn too much to qualify for Medicaid, but cannot afford private insurance.

Food Assistance

- **Supplemental Nutrition Assistance Program (SNAP):**
  SNAP is a program designed to assist low-income people and families with the cost of purchasing food they need for good health.

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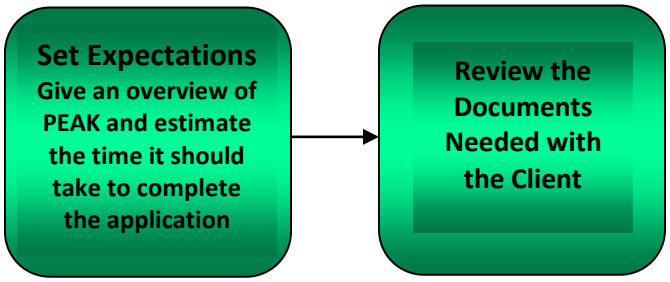
Session Flow Chart

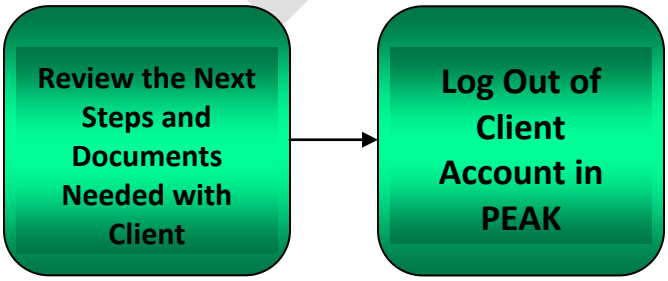
1. Introduction


Set Expectations
Give an overview of PEAK and estimate the time it should take to complete the application
Review the Documents Needed with the Client

2. Login

3. Application

4. Conclusion



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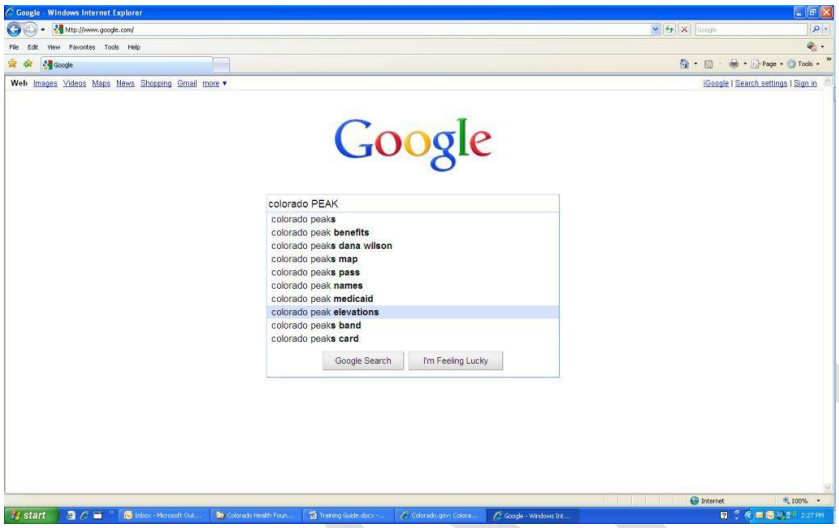
Getting Started

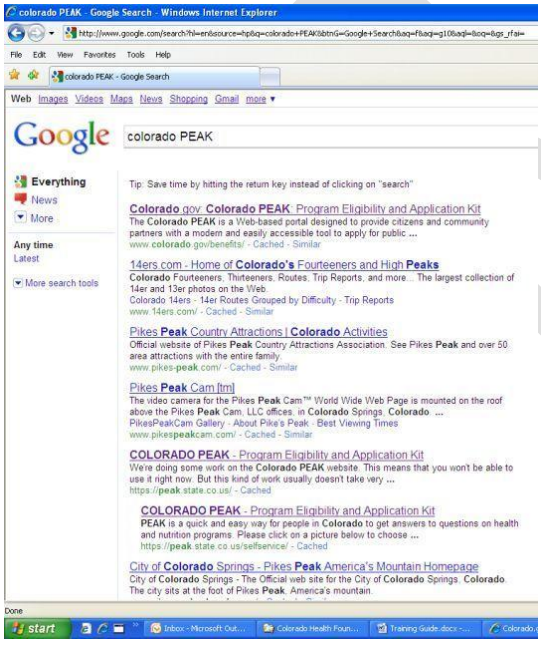
Finding PEAK

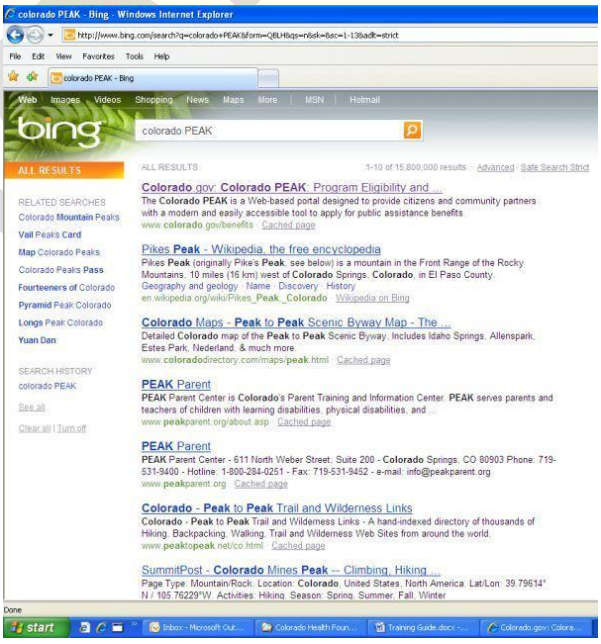
To access the PEAK website, simply follow this link:

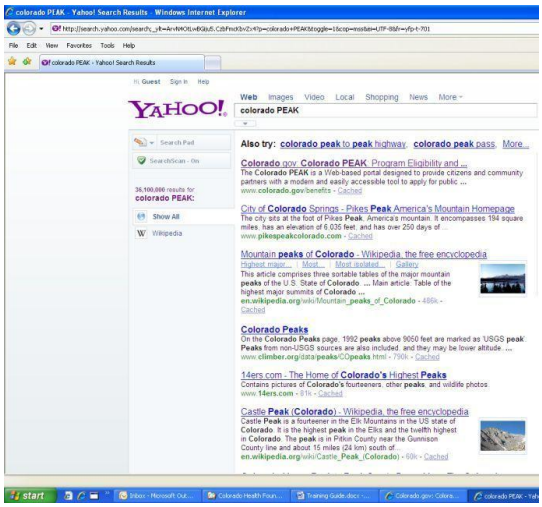
www.colorado.gov/PEAK

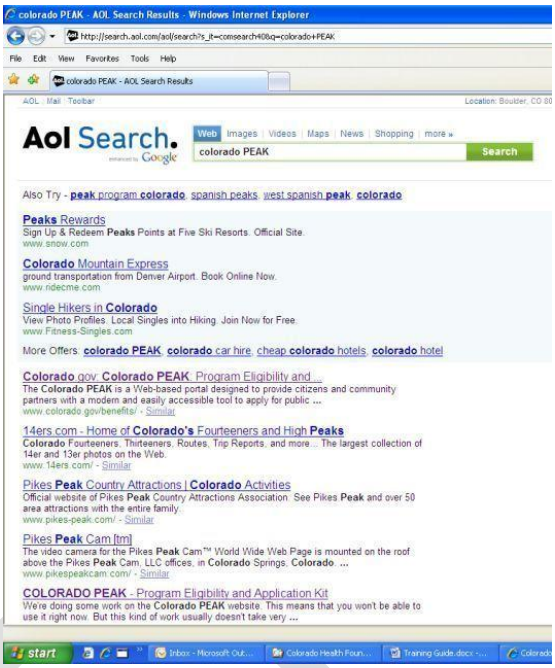
Alternatively, you can use most major internet search engines and type in the words “Colorado PEAK” to find the link.

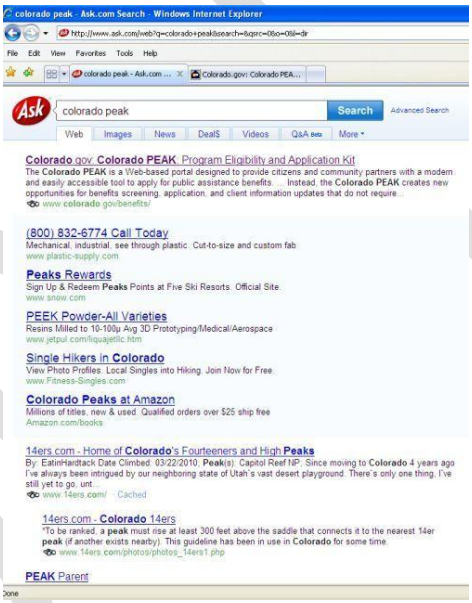



colorado PEAK - Google Search - Windows Internet Explorer
Google
colorado PEAK
Everything
News
More
Any time
Latest
More search tools
Tip: Save time by hitting the return key instead of clicking on "search"
Colorado.gov: Colorado PEAK: Program Eligibility and Application Kit
The Colorado PEAK is a Web-based portal designed to provide citizens and community partners with a modern and easily accessible tool to apply for public ...
www.colorado.gov/benefits/ - Cached - Similar
14ers.com - Home of Colorado's Fourteeners and High Peaks
Colorado Fourteeners, Thirteeners, Routes, Trip Reports, and more... The largest collection of 14er and 13er photos on the Web.
Colorado 14ers - 14er Routes Grouped by Difficulty - Trip Reports
www.14ers.com/ - Cached - Similar
Pikes Peak Country Attractions | Colorado Activities
Official website of Pikes Peak Country Attractions Association. See Pikes Peak and over 50 area attractions with the entire family.
www.pikes-peak.com/ - Cached - Similar
Pikes Peak Cam [tm]
The video camera for the Pikes Peak Cam™ World Wide Web Page is mounted on the roof above the Pikes Peak Cam, LLC offices, in Colorado Springs, Colorado. ...
PikesPeakCam Gallery - About Pike's Peak - Best Viewing Times
www.pikespeakcam.com/ - Cached - Similar
COLORADO PEAK - Program Eligibility and Application Kit
We're doing some work on the Colorado PEAK website. This means that you won't be able to use it right now. But this kind of work usually doesn't take very ...
https://peak.state.co.us/ - Cached
COLORADO PEAK - Program Eligibility and Application Kit
PEAK is a quick and easy way for people in Colorado to get answers to questions on health and nutrition programs. Please click on a picture below to choose ...
https://peak.state.co.us/selfservice/ - Cached
City of Colorado Springs - Pikes Peak America's Mountain Homepage
City of Colorado Springs - The Official web site for the City of Colorado Springs, Colorado. The city sits at the foot of Pikes Peak, America's mountain.


colorado PEAK - Bing - Windows Internet Explorer
bing
colorado PEAK
ALL RESULTS
RELATED SEARCHES
Colorado Mountain Peaks
Vail Peaks Card
Map Colorado Peaks
Colorado Peaks Pass
Fourteeners of Colorado
Pyramid Peak Colorado
Longs Peak Colorado
Yuan Dan
SEARCH HISTORY
colorado PEAK
Colorado.gov: Colorado PEAK: Program Eligibility and ...
The Colorado PEAK is a Web-based portal designed to provide citizens and community partners with a modern and easily accessible tool to apply for public assistance benefits.
Pikes Peak - Wikipedia, the free encyclopedia
Pikes Peak (originally Pike's Peak, see below) is a mountain in the Front Range of the Rocky Mountains, 10 miles (16 km) west of Colorado Springs, Colorado, in El Paso County.
Colorado Maps - Peak to Peak Scenic Byway Map - The ...
Detailed Colorado map of the Peak to Peak Scenic Byway. Includes Idaho Springs, Allenspark, Estes Park, Nederland, & much more.
PEAK Parent
PEAK Parent Center is Colorado's Parent Training and Information Center. PEAK serves parents and teachers of children with learning disabilities, physical disabilities, and ...
PEAK Parent
PEAK Parent Center - 611 North Weber Street, Suite 200 - Colorado Springs, CO 80903 Phone: 719-531-9400 - Hotline: 1-800-284-0251 - Fax: 719-531-9452 - e-mail: info@peakparent.org
Colorado - Peak to Peak Trail and Wilderness Links
Colorado - Peak to Peak Trail and Wilderness Links - A hand-indexed directory of thousands of Hiking, Backpacking, Walking, Trail and Wilderness Web Sites from around the world.
SummitPost - Colorado Mines Peak -- Climbing, Hiking ...
Page Type: Mountain/Rock. Location: Colorado, United States, North America. Lat/Lon: 39.79614° N / 105.76229°W. Activities: Hiking. Season: Spring, Summer, Fall, Winter


colorado PEAK - Yahoo! Search Results - Windows Internet Explorer
YAHOO!
colorado PEAK
Also try: colorado peak to peak highway, colorado peak pass, More...
Colorado.gov: Colorado PEAK: Program Eligibility and ...
City of Colorado Springs - Pikes Peak America's Mountain Homepage
Mountain peaks of Colorado - Wikipedia, the free encyclopedia
Colorado Peaks
14ers.com - The Home of Colorado's Highest Peaks
Castle Peak (Colorado) - Wikipedia, the free encyclopedia

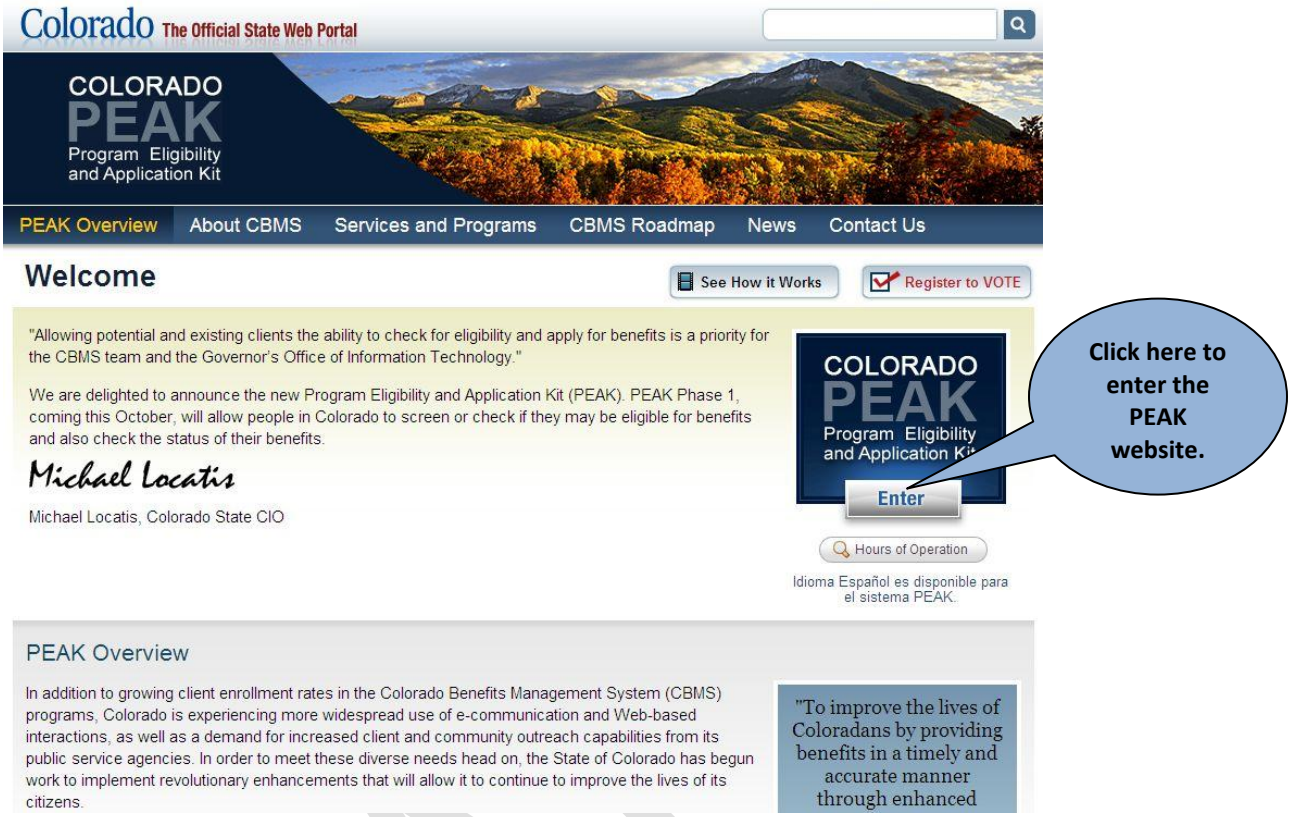

colorado PEAK - AOL Search Results - Windows Internet Explorer
Aol Search.
colorado PEAK
Search
Also Try - peak program colorado, spanish peaks, west spanish peak, colorado
Peaks Rewards
Sign Up & Redeem Peaks Points at Five Ski Resorts. Official Site.
Colorado Mountain Express
ground transportation from Denver Airport. Book Online Now.
Single Hikers in Colorado
View Photo Profiles. Local Singles into Hiking. Join Now for Free.
More Offers: colorado PEAK, colorado car hire, cheap colorado hotels, colorado hotel
Colorado.gov: Colorado PEAK: Program Eligibility and ...
14ers.com - Home of Colorado's Fourteeners and High Peaks
Pikes Peak Country Attractions | Colorado Activities
Pikes Peak Cam [tm]
COLORADO PEAK - Program Eligibility and Application Kit


colorado peak - Ask.com Search - Windows Internet Explorer
colorado peak
Search
Colorado.gov: Colorado PEAK: Program Eligibility and Application Kit
(800) 832-6774 Call Today
Peaks Rewards
PEEK Powder-All Varieties
Single Hikers in Colorado
Colorado Peaks at Amazon
14ers.com - Home of Colorado's Fourteeners and High Peaks
14ers.com - Colorado 14ers
PEAK Parent

Lastly, you can find the PEAK website by linking from any number of state agency websites including:

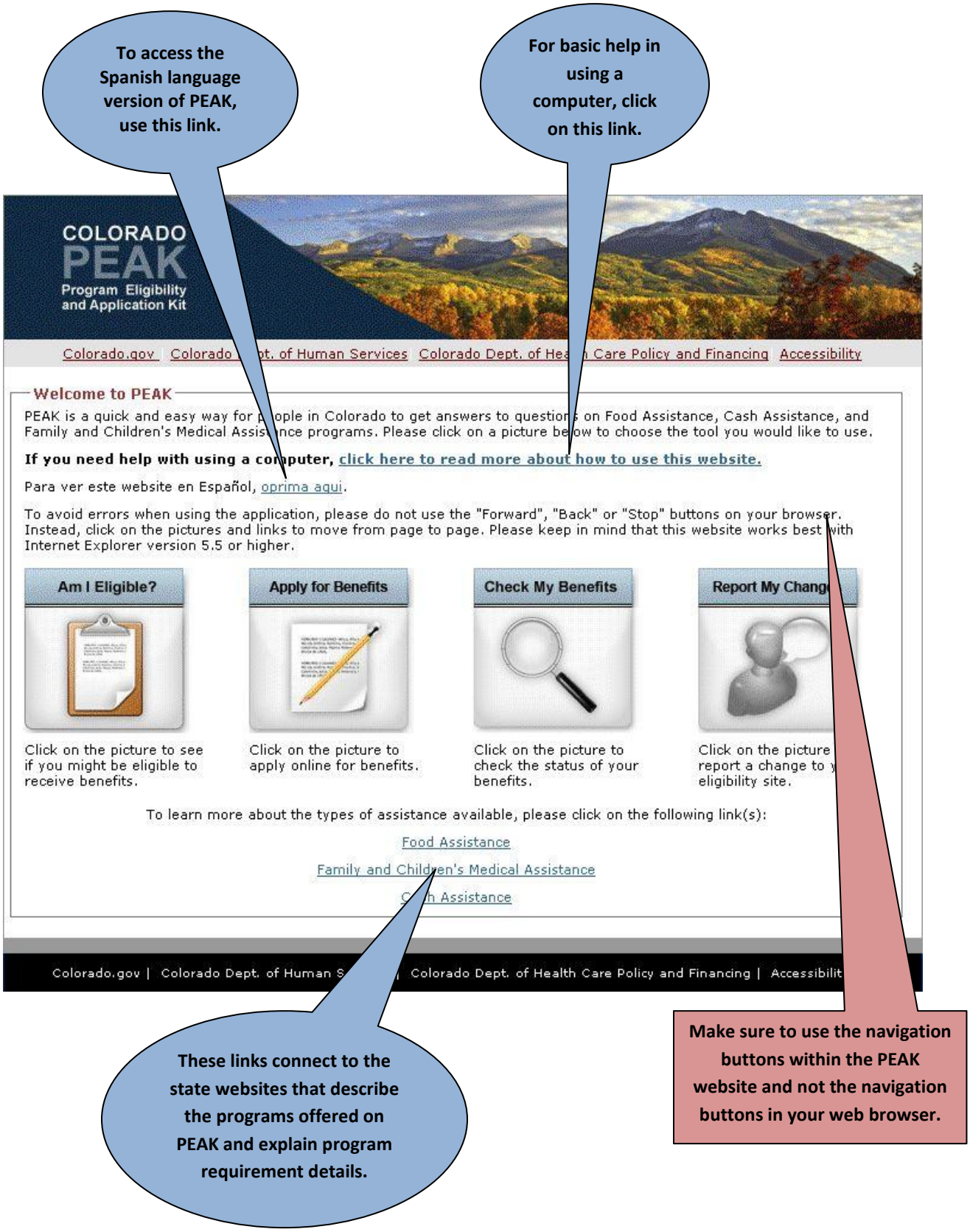
http://www.cdhs.state.co.us/
http://www.colorado.gov/hcpf
http://www.colorado.gov/oit

Once you have linked to the website, you will be on the Welcome page. Simply move your cursor over the "*Enter*" button on the right side of the page and click to enter the PEAK tool.


Colorado The Official State Web Portal
COLORADO
PEAK
Program Eligibility
and Application Kit
PEAK Overview
About CBMS
Services and Programs
CBMS Roadmap
News
Contact Us
Welcome
See How it Works
Register to VOTE
"Allowing potential and existing clients the ability to check for eligibility and apply for benefits is a priority for the CBMS team and the Governor's Office of Information Technology."
We are delighted to announce the new Program Eligibility and Application Kit (PEAK). PEAK Phase 1, coming this October, will allow people in Colorado to screen or check if they may be eligible for benefits and also check the status of their benefits.
Michael Locatis
Michael Locatis, Colorado State CIO
COLORADO
PEAK
Program Eligibility
and Application Kit
Enter
Hours of Operation
Idioma Español es disponible para el sistema PEAK.
Click here to enter the PEAK website.
PEAK Overview
In addition to growing client enrollment rates in the Colorado Benefits Management System (CBMS) programs, Colorado is experiencing more widespread use of e-communication and Web-based interactions, as well as a demand for increased client and community outreach capabilities from its public service agencies. In order to meet these diverse needs head on, the State of Colorado has begun work to implement revolutionary enhancements that will allow it to continue to improve the lives of its citizens.
"To improve the lives of Coloradans by providing benefits in a timely and accurate manner through enhanced

On this opening page, the client may also register to vote, see a demonstration of how to use Colorado PEAK, see press releases about PEAK and contact us with any questions you may have.

After entering the Colorado PEAK webpage, you will land on the PEAK Welcome page with four icons to choose from.


To access the Spanish language version of PEAK, use this link.
For basic help in using a computer, click on this link.
COLORADO
PEAK
Program Eligibility and Application Kit
Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
Welcome to PEAK
PEAK is a quick and easy way for people in Colorado to get answers to questions on Food Assistance, Cash Assistance, and Family and Children's Medical Assistance programs. Please click on a picture below to choose the tool you would like to use.
If you need help with using a computer, click here to read more about how to use this website.
Para ver este website en Español, oprima aqui.
To avoid errors when using the application, please do not use the "Forward", "Back" or "Stop" buttons on your browser. Instead, click on the pictures and links to move from page to page. Please keep in mind that this website works best with Internet Explorer version 5.5 or higher.
Am I Eligible?
Apply for Benefits
Check My Benefits
Report My Change
Click on the picture to see if you might be eligible to receive benefits.
Click on the picture to apply online for benefits.
Click on the picture to check the status of your benefits.
Click on the picture report a change to y eligibility site.
To learn more about the types of assistance available, please click on the following link(s):
Food Assistance
Family and Children's Medical Assistance
Cash Assistance
Colorado.gov | Colorado Dept. of Human S | Colorado Dept. of Health Care Policy and Financing | Accessibilit
These links connect to the state websites that describe the programs offered on PEAK and explain program requirement details.
Make sure to use the navigation buttons within the PEAK website and not the navigation buttons in your web browser.

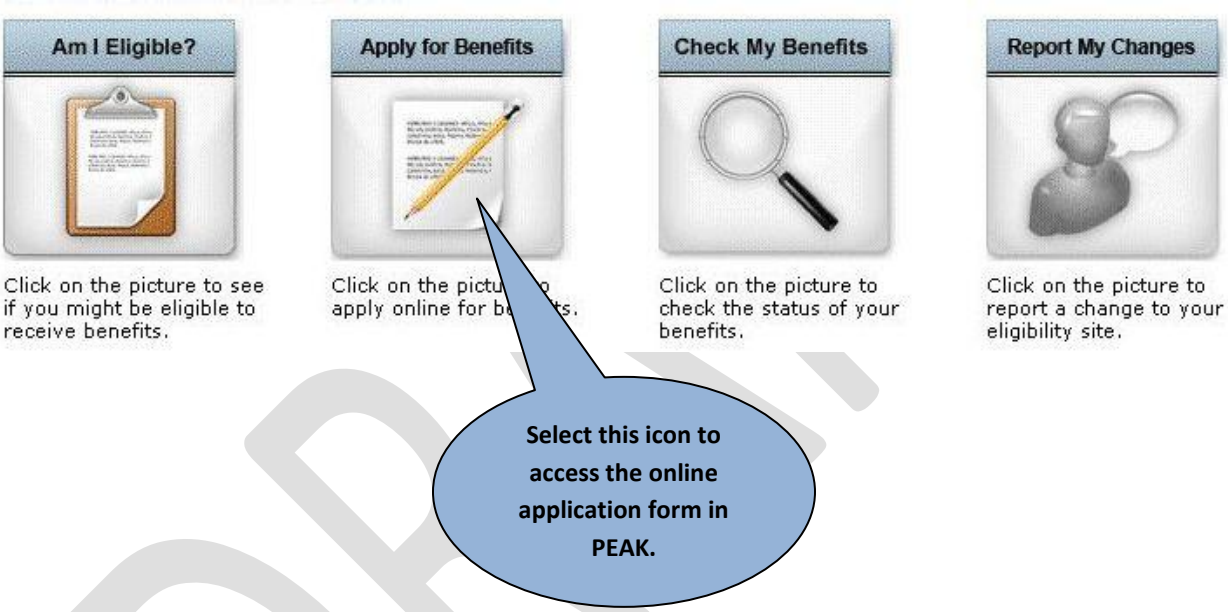
By clicking on the appropriate icon, you launch the function that you would like to complete. With PEAK, you have the following four choices:

AM I ELIGIBLE

APPLY FOR BENEFITS

CHECK MY BENEFITS

REPORT MY CHANGES

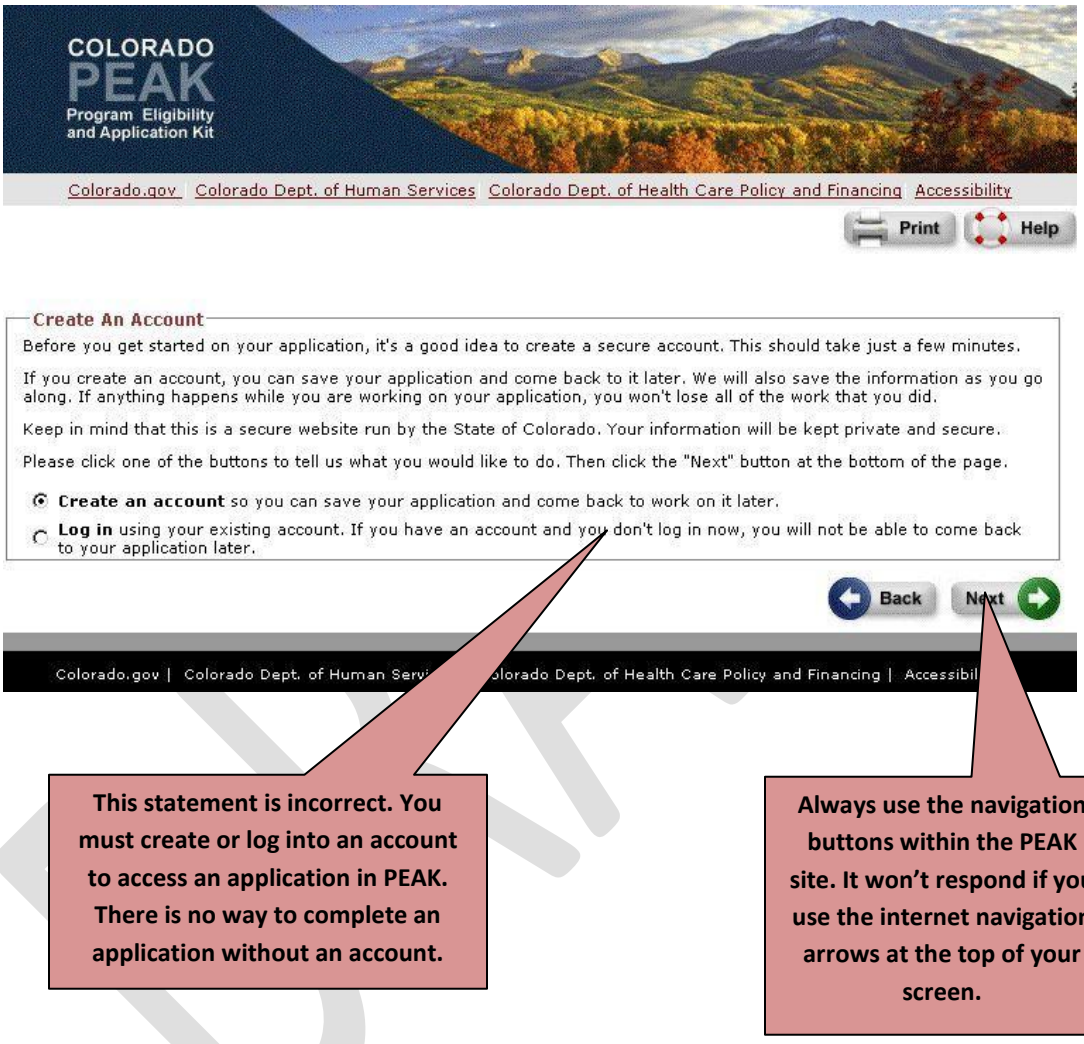

Am I Eligible?
Click on the picture to see if you might be eligible to receive benefits.
Apply for Benefits
Click on the pictu o apply online for b ts.
Check My Benefits
Click on the picture to check the status of your benefits.
Report My Changes
Click on the picture to report a change to your eligibility site.
Select this icon to access the online application form in PEAK.

After selecting the "*Apply for Benefits*" icon, the system will take you through a login process.

Logging In

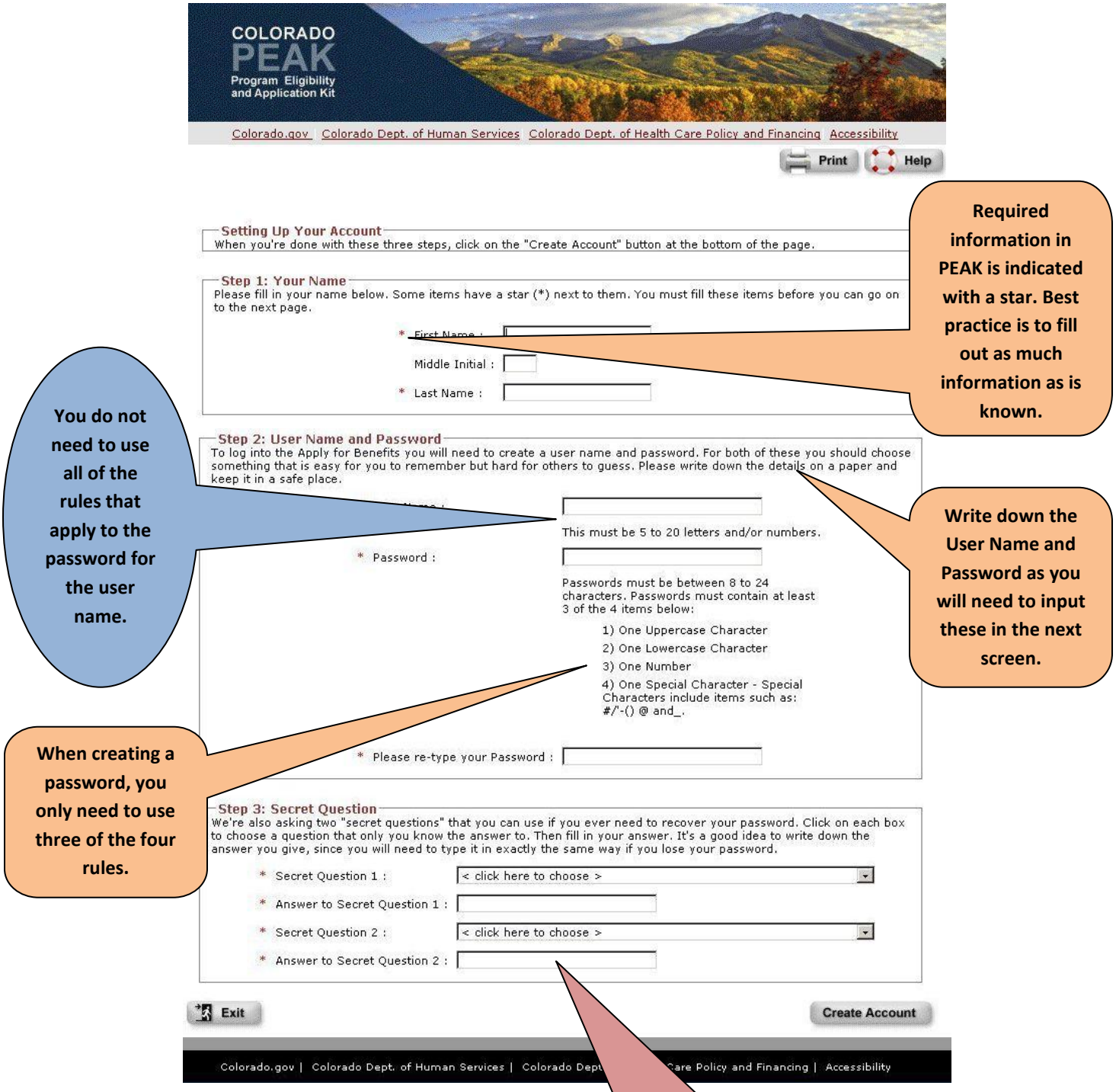
Once the applicant has entered the online application form on the PEAK website, they will be asked to create an account or login into an existing application. If they have not yet initiated an application, they will need to create an account. To do this:

1. Select the *"Create an account"* button and press the *"Next"* button in the bottom right of the screen.


COLORADO
PEAK
Program Eligibility and Application Kit
Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
Print
Help
Create An Account
Before you get started on your application, it's a good idea to create a secure account. This should take just a few minutes.
If you create an account, you can save your application and come back to it later. We will also save the information as you go along. If anything happens while you are working on your application, you won't lose all of the work that you did.
Keep in mind that this is a secure website run by the State of Colorado. Your information will be kept private and secure.
Please click one of the buttons to tell us what you would like to do. Then click the "Next" button at the bottom of the page.
Create an account so you can save your application and come back to work on it later.
Log in using your existing account. If you have an account and you don't log in now, you will not be able to come back to your application later.
Back
Next
This statement is incorrect. You must create or log into an account to access an application in PEAK. There is no way to complete an application without an account.
Always use the navigation buttons within the PEAK site. It won't respond if you use the internet navigation arrows at the top of your screen.

NOTE: If an account is already set up in PEAK, choose the *"Log in"* option and proceed directly to the log in page (shown on page 15).

2. Complete the login information on the next screen.


COLORADO
PEAK
Program Eligibility and Application Kit
Colorado.gov | Colorado Dept. of Human Services | Colorado Dept. of Health Care Policy and Financing | Accessibility
Print
Help
Setting Up Your Account
When you're done with these three steps, click on the "Create Account" button at the bottom of the page.
Step 1: Your Name
Please fill in your name below. Some items have a star (*) next to them. You must fill these items before you can go on to the next page.
* First Name :
Middle Initial :
* Last Name :
Step 2: User Name and Password
To log into the Apply for Benefits you will need to create a user name and password. For both of these you should choose something that is easy for you to remember but hard for others to guess. Please write down the details on a paper and keep it in a safe place.
This must be 5 to 20 letters and/or numbers.
* Password :
Passwords must be between 8 to 24 characters. Passwords must contain at least 3 of the 4 items below:
1) One Uppercase Character
2) One Lowercase Character
3) One Number
4) One Special Character - Special Characters include items such as: #/'-() @ and_.
* Please re-type your Password :
Step 3: Secret Question
We're also asking two "secret questions" that you can use if you ever need to recover your password. Click on each box to choose a question that only you know the answer to. Then fill in your answer. It's a good idea to write down the answer you give, since you will need to type it in exactly the same way if you lose your password.
* Secret Question 1 : < click here to choose >
* Answer to Secret Question 1 :
* Secret Question 2 : < click here to choose >
* Answer to Secret Question 2 :
Exit
Create Account
Colorado.gov | Colorado Dept. of Human Services | Colorado Dept
Care Policy and Financing | Accessibility

Required information in PEAK is indicated with a star. Best practice is to fill out as much information as is known.

You do not need to use all of the rules that apply to the password for the user name.

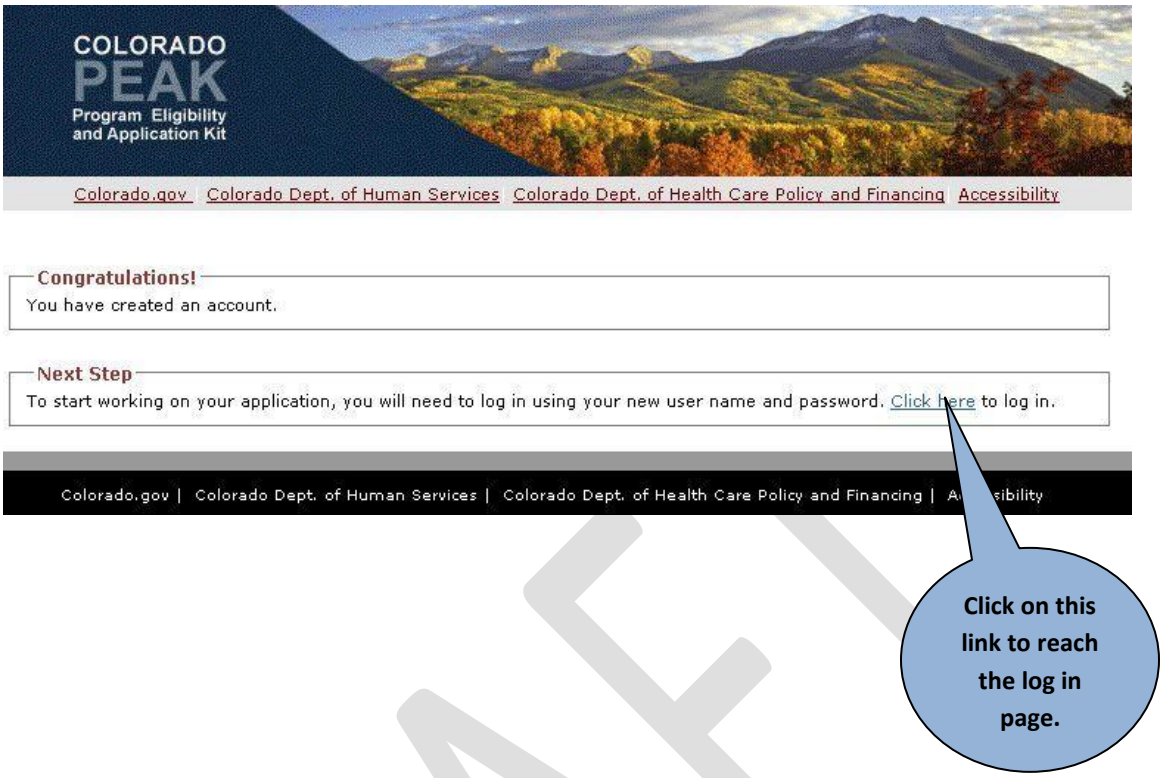
Write down the User Name and Password as you will need to input these in the next screen.

When creating a password, you only need to use three of the four rules.

Write-down which questions are answered and exactly how they were answered. PEAK is case sensitive and requires that the answers be inputted exactly as they were originally entered.

3. Select the "*Create Account*" button.

If the information you completed is accepted, you will receive the following message: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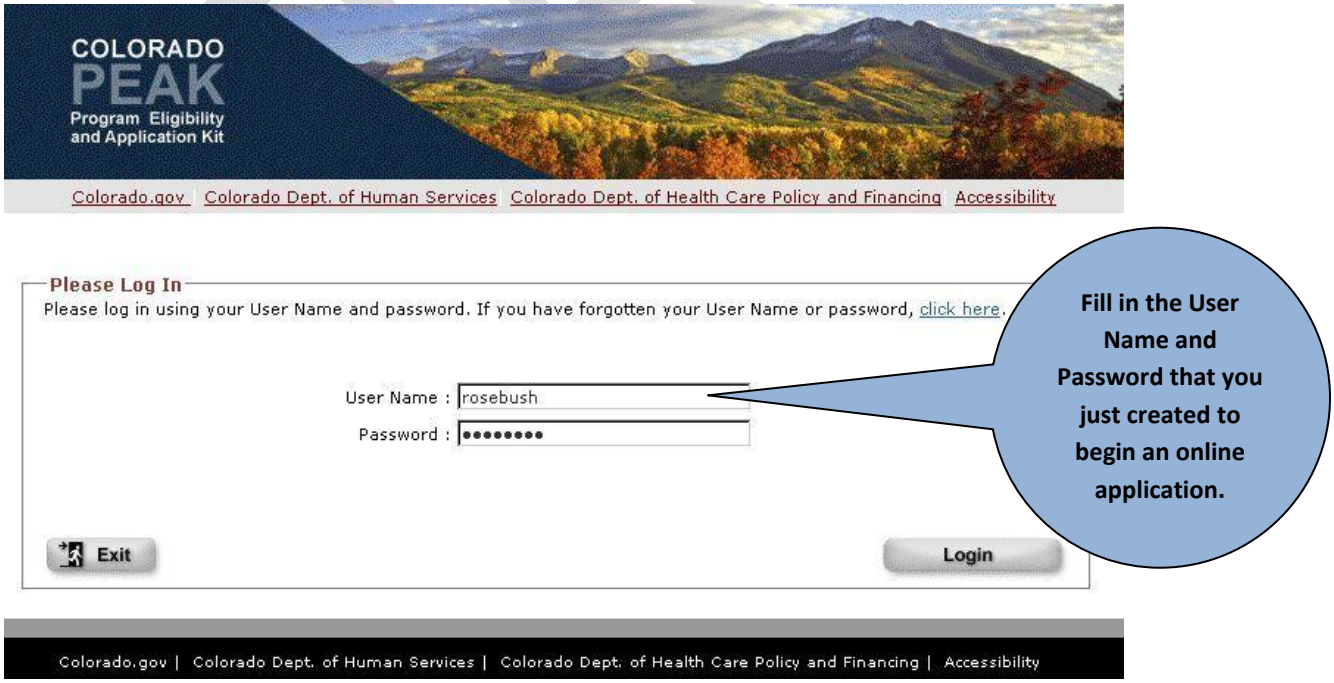
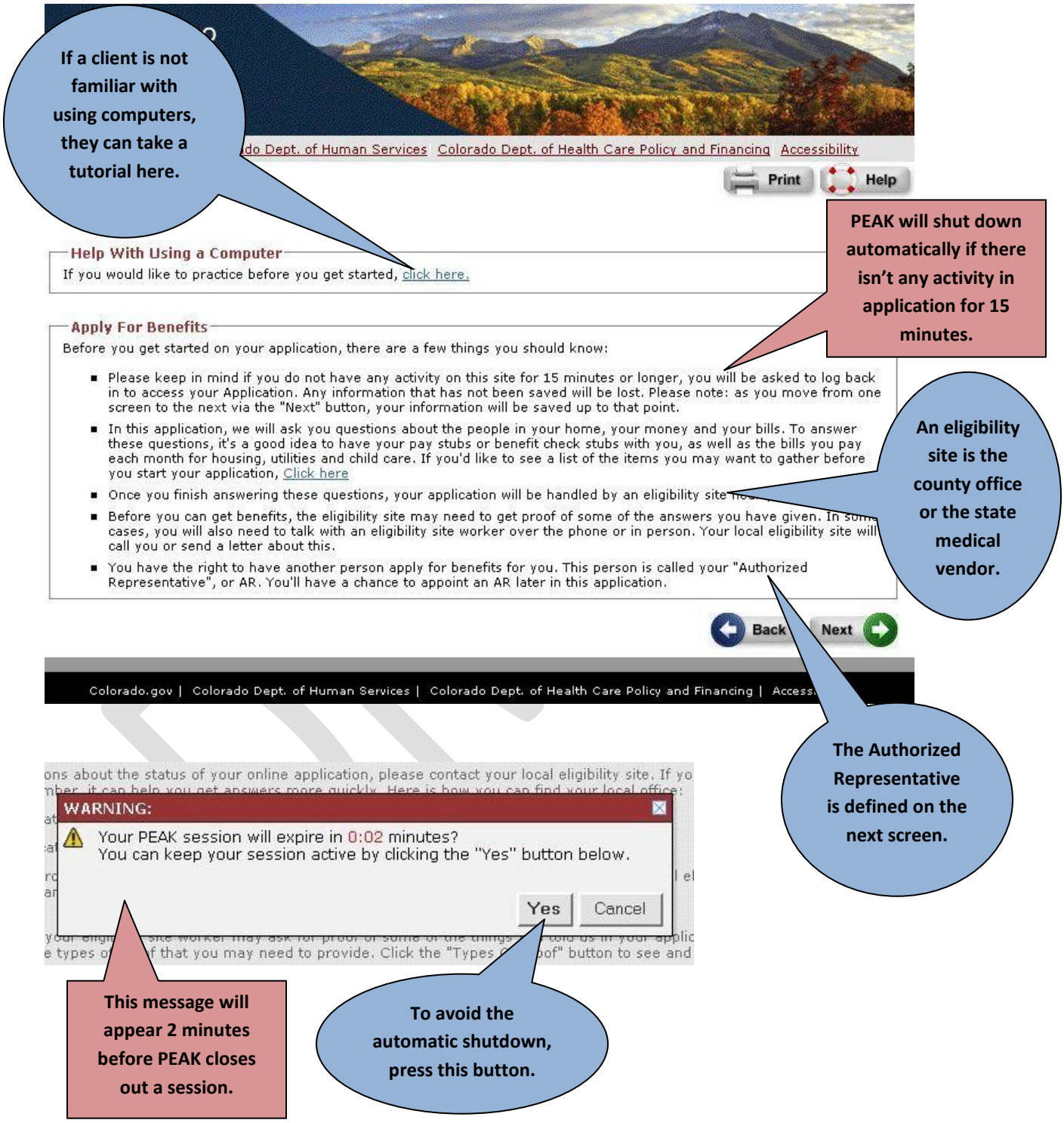
PEAK
Program Eligibility
and Application Kit
Colorado.gov Colorado Dept. of Human Services Colorado Dept. of Health Care Policy and Financing Accessibility
Congratulations!
You have created an account.
Next Step
To start working on your application, you will need to log in using your new user name and password. Click here to log in.
Colorado.gov | Colorado Dept. of Human Services | Colorado Dept. of Health Care Policy and Financing |
Click on this link to reach the log in page.

You can then complete the login information and select the *"Log in"* button to begin an online application.

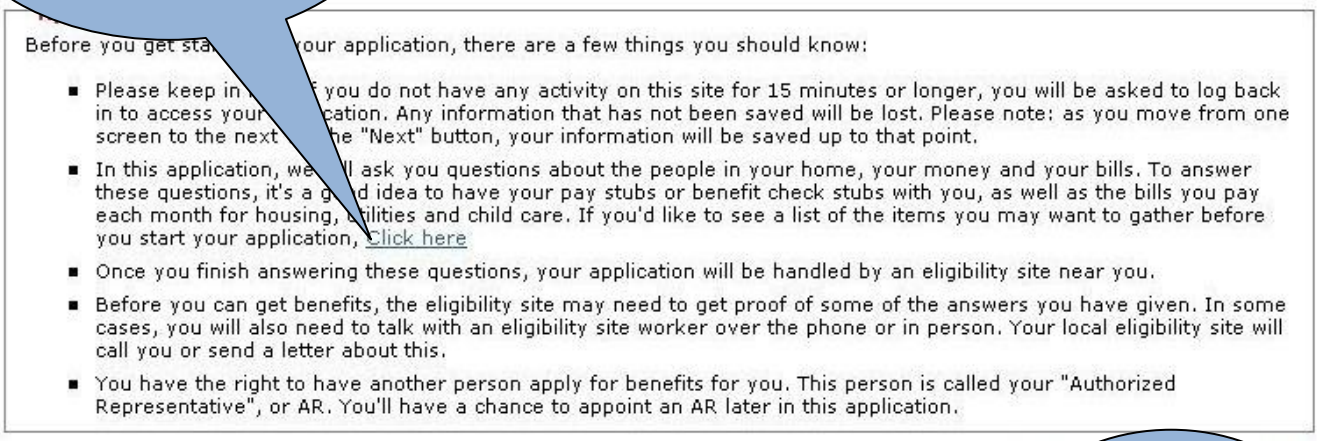

COLORADO
PEAK
Program Eligibility
and Application Kit
Colorado.gov Colorado Dept. of Human Services Colorado Dept. of Health Care Policy and Financing Accessibility
Please Log In
Please log in using your User Name and password. If you have forgotten your User Name or password, click here.
User Name : rosebush
Password :
Exit
Login
Colorado.gov | Colorado Dept. of Human Services | Colorado Dept. of Health Care Policy and Financing | Accessibility
Fill in the User Name and Password that you just created to begin an online application.

Before You Begin the Application

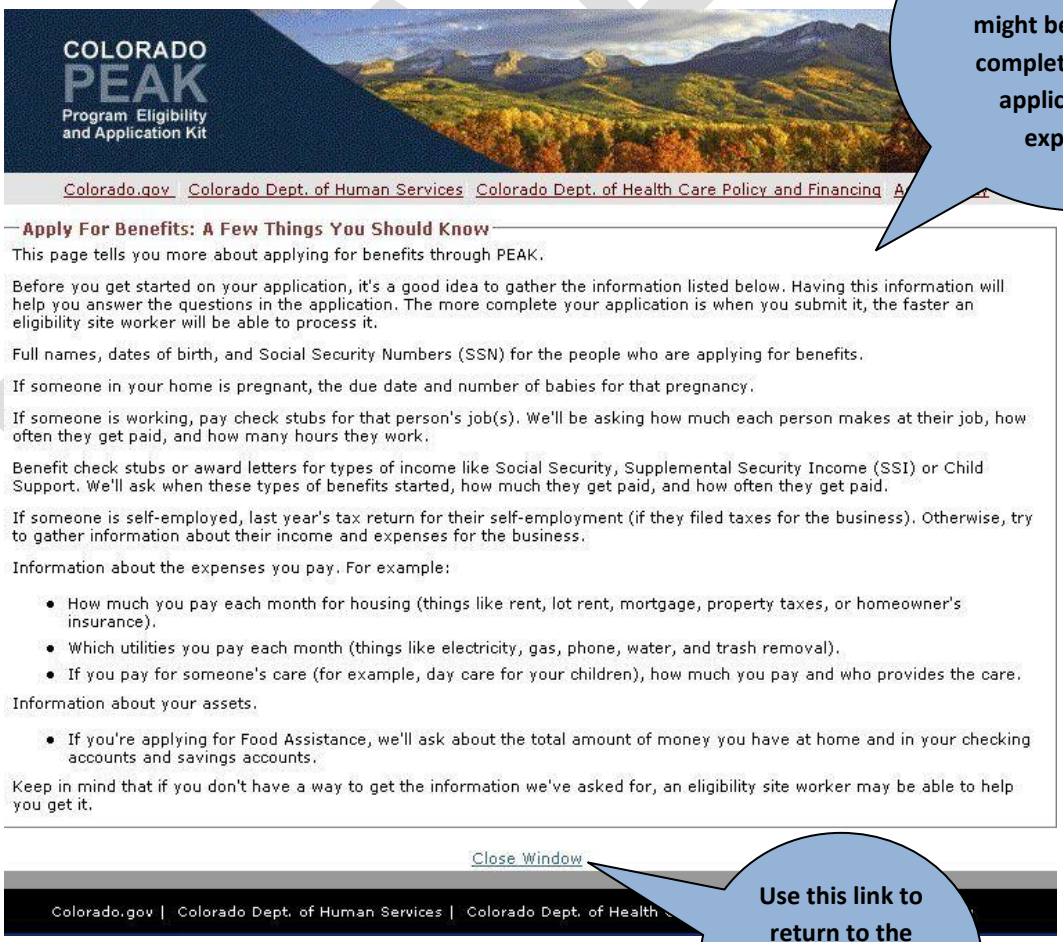
Once an account has been created and logged into, applicants will be directed to a page that explains some of the functionality of the PEAK online application tool.


If a client is not familiar with using computers, they can take a tutorial here.
do Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
Print
Help
Help With Using a Computer
If you would like to practice before you get started, click here.
PEAK will shut down automatically if there isn't any activity in application for 15 minutes.
Apply For Benefits
Before you get started on your application, there are a few things you should know:
Please keep in mind if you do not have any activity on this site for 15 minutes or longer, you will be asked to log back in to access your Application. Any information that has not been saved will be lost. Please note: as you move from one screen to the next via the "Next" button, your information will be saved up to that point.
In this application, we will ask you questions about the people in your home, your money and your bills. To answer these questions, it's a good idea to have your pay stubs or benefit check stubs with you, as well as the bills you pay each month for housing, utilities and child care. If you'd like to see a list of the items you may want to gather before you start your application, Click here
Once you finish answering these questions, your application will be handled by an eligibility site
Before you can get benefits, the eligibility site may need to get proof of some of the answers you have given. In
cases, you will also need to talk with an eligibility site worker over the phone or in person. Your local eligibility site will call you or send a letter about this.
You have the right to have another person apply for benefits for you. This person is called your "Authorized Representative", or AR. You'll have a chance to appoint an AR later in this application.
An eligibility site is the county office or the state medical vendor.
Back
Next
Colorado.gov | Colorado Dept. of Human Services | Colorado Dept. of Health Care Policy and Financing | Access
The Authorized Representative is defined on the next screen.
ons about the status of your online application, please contact your local eligibility site. If yo
WARNING:
Your PEAK session will expire in 0:02 minutes?
You can keep your session active by clicking the "Yes" button below.
Yes
Cancel
This message will appear 2 minutes before PEAK closes out a session.
To avoid the automatic shutdown, press this button.

By clicking on this link, applicants can see a list of documents that they might need to fill out an application.


Before you get sta your application, there are a few things you should know:
Please keep in f you do not have any activity on this site for 15 minutes or longer, you will be asked to log back in to access your cation. Any information that has not been saved will be lost. Please note: as you move from one screen to the next he "Next" button, your information will be saved up to that point.
In this application, we ll ask you questions about the people in your home, your money and your bills. To answer these questions, it's a g d idea to have your pay stubs or benefit check stubs with you, as well as the bills you pay each month for housing, ilities and child care. If you'd like to see a list of the items you may want to gather before you start your application, Click here
Once you finish answering these questions, your application will be handled by an eligibility site near you.
Before you can get benefits, the eligibility site may need to get proof of some of the answers you have given. In some cases, you will also need to talk with an eligibility site worker over the phone or in person. Your local eligibility site will call you or send a letter about this.
You have the right to have another person apply for benefits for you. This person is called your "Authorized Representative", or AR. You'll have a chance to appoint an AR later in this application.

Detailed explanations of the material that might be needed to complete an online application are explained.


COLORADO
PEAK
Program Eligibility and Application Kit
Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Apply For Benefits: A Few Things You Should Know
This page tells you more about applying for benefits through PEAK.
Before you get started on your application, it's a good idea to gather the information listed below. Having this information will help you answer the questions in the application. The more complete your application is when you submit it, the faster an eligibility site worker will be able to process it.
Full names, dates of birth, and Social Security Numbers (SSN) for the people who are applying for benefits.
If someone in your home is pregnant, the due date and number of babies for that pregnancy.
If someone is working, pay check stubs for that person's job(s). We'll be asking how much each person makes at their job, how often they get paid, and how many hours they work.
Benefit check stubs or award letters for types of income like Social Security, Supplemental Security Income (SSI) or Child Support. We'll ask when these types of benefits started, how much they get paid, and how often they get paid.
If someone is self-employed, last year's tax return for their self-employment (if they filed taxes for the business). Otherwise, try to gather information about their income and expenses for the business.
Information about the expenses you pay. For example:
How much you pay each month for housing (things like rent, lot rent, mortgage, property taxes, or homeowner's insurance).
Which utilities you pay each month (things like electricity, gas, phone, water, and trash removal).
If you pay for someone's care (for example, day care for your children), how much you pay and who provides the care.
Information about your assets.
If you're applying for Food Assistance, we'll ask about the total amount of money you have at home and in your checking accounts and savings accounts.
Keep in mind that if you don't have a way to get the information we've asked for, an eligibility site worker may be able to help you get it.
Close Window
Colorado.gov | Colorado Dept. of Human Services | Colorado Dept. of Health

Use this link to return to the application form.

We want to be able to track the number of applications that community based organizations assist with. This page is important for you to fill out so that this data can be collected.

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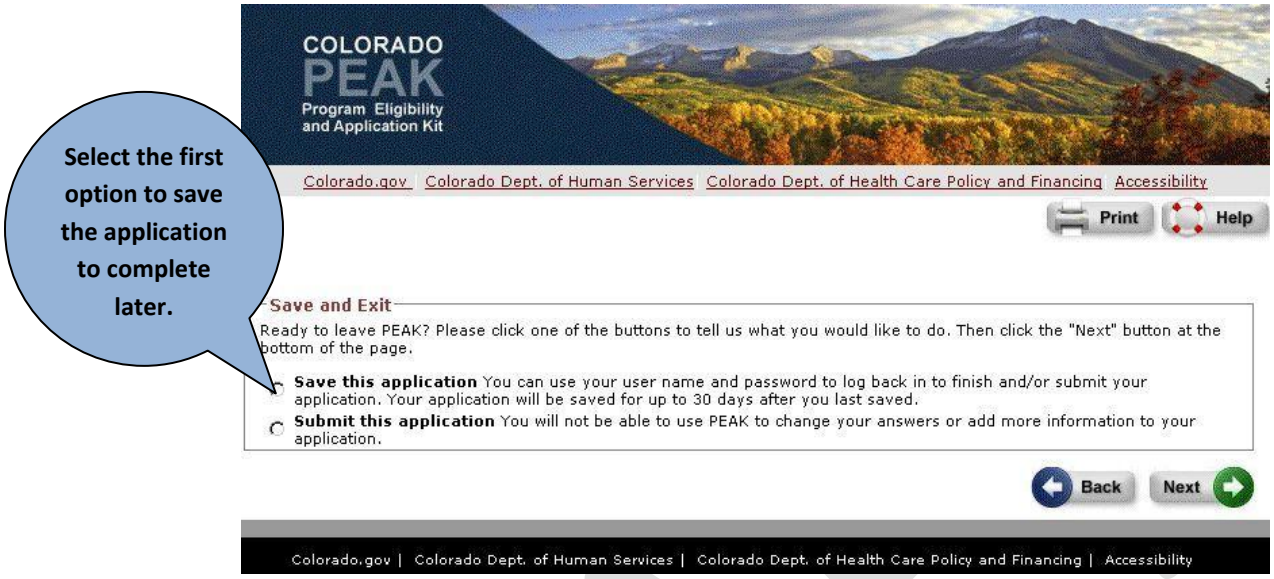
PEAK
Program Eligibility and Application Kit
Colorado.gov
Colorado Dept. of Human Services
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bill
Other
Using PEAK
Before you get started, we'd like to know more about how you're using PEAK
PEAK on your own, you can skip the last question and click the "Next" button
application.
Application Location
From where are you applying?
< click here to choose >
Applying on Your Behalf
If someone is using PEAK to apply on your behalf, please click the button to tell us who is applying.
A person at an eligibility site that helps people apply for benefits
Someone I have asked to be my authorized representative. (By authorized representative, we mean someone who can apply on behalf of another person.)
My legal guardian
Someone who has power of attorney for me
Other
Back
Save & Exit
Next
Human Services | Colorado Dept. of Health
We'd like to know where the client is applying from, so please select the response that best represents your organization.
For CBO staff, please select the first option unless you are taking the legal responsibility for the information in the application. If you're taking the legal responsibility, then you should select the "Authorized Representative" option.
This button exits the application. PEAK automatically saves information each time the "Next" button is selected. Un-submitted applications are saved for 30 days.

If the *"Save & Exit"* button is selected, applicants will be asked to choose whether to save or submit that application. Select the *"Save this application"* option to be able to return to the application later. Selecting the *"Submit this application"* button will take applicants through a few steps before the application is submitted (as outlined on page 61 of this manual).


Select the first option to save the application to complete later.
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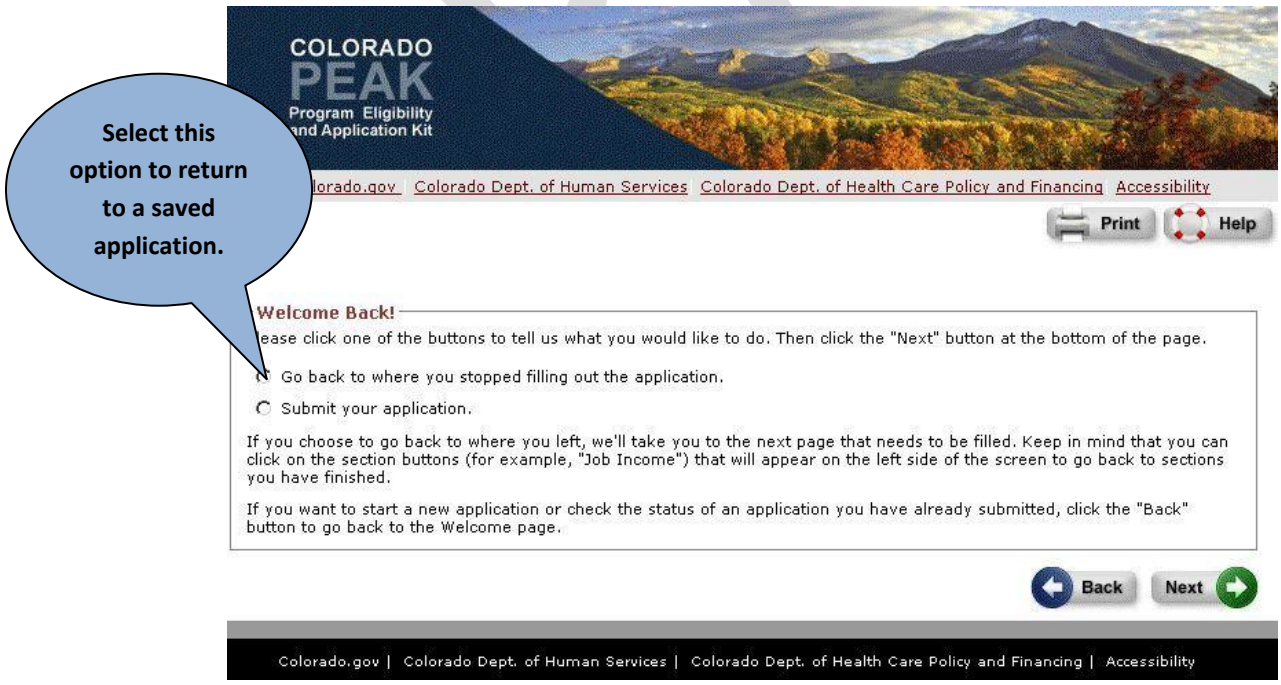
PEAK
Program Eligibility and Application Kit
Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
Print
Help
Save and Exit
Ready to leave PEAK? Please click one of the buttons to tell us what you would like to do. Then click the "Next" button at the bottom of the page.
Save this application You can use your user name and password to log back in to finish and/or submit your application. Your application will be saved for up to 30 days after you last saved.
Submit this application You will not be able to use PEAK to change your answers or add more information to your application.
Back
Next
Colorado.gov | Colorado Dept. of Human Services | Colorado Dept. of Health Care Policy and Financing | Accessibility

To return to the application, you will need to log back into the application as shown on Page 15 of this guide. Once you have successfully logged back in, you will be asked if you would like to go back to where you stopped filling out the application or if you would like to submit the application.


Select this option to return to a saved application.
COLORADO
PEAK
Program Eligibility
nd Application Kit
lorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
Print
Help
Welcome Back!
ease click one of the buttons to tell us what you would like to do. Then click the "Next" button at the bottom of the page.
Go back to where you stopped filling out the application.
Submit your application.
If you choose to go back to where you left, we'll take you to the next page that needs to be filled. Keep in mind that you can click on the section buttons (for example, "Job Income") that will appear on the left side of the screen to go back to sections you have finished.
If you want to start a new application or check the status of an application you have already submitted, click the "Back" button to go back to the Welcome page.
Back
Next
Colorado.gov | Colorado Dept. of Human Services | Colorado Dept. of Health Care Policy and Financing | Accessibility

Starting an Application

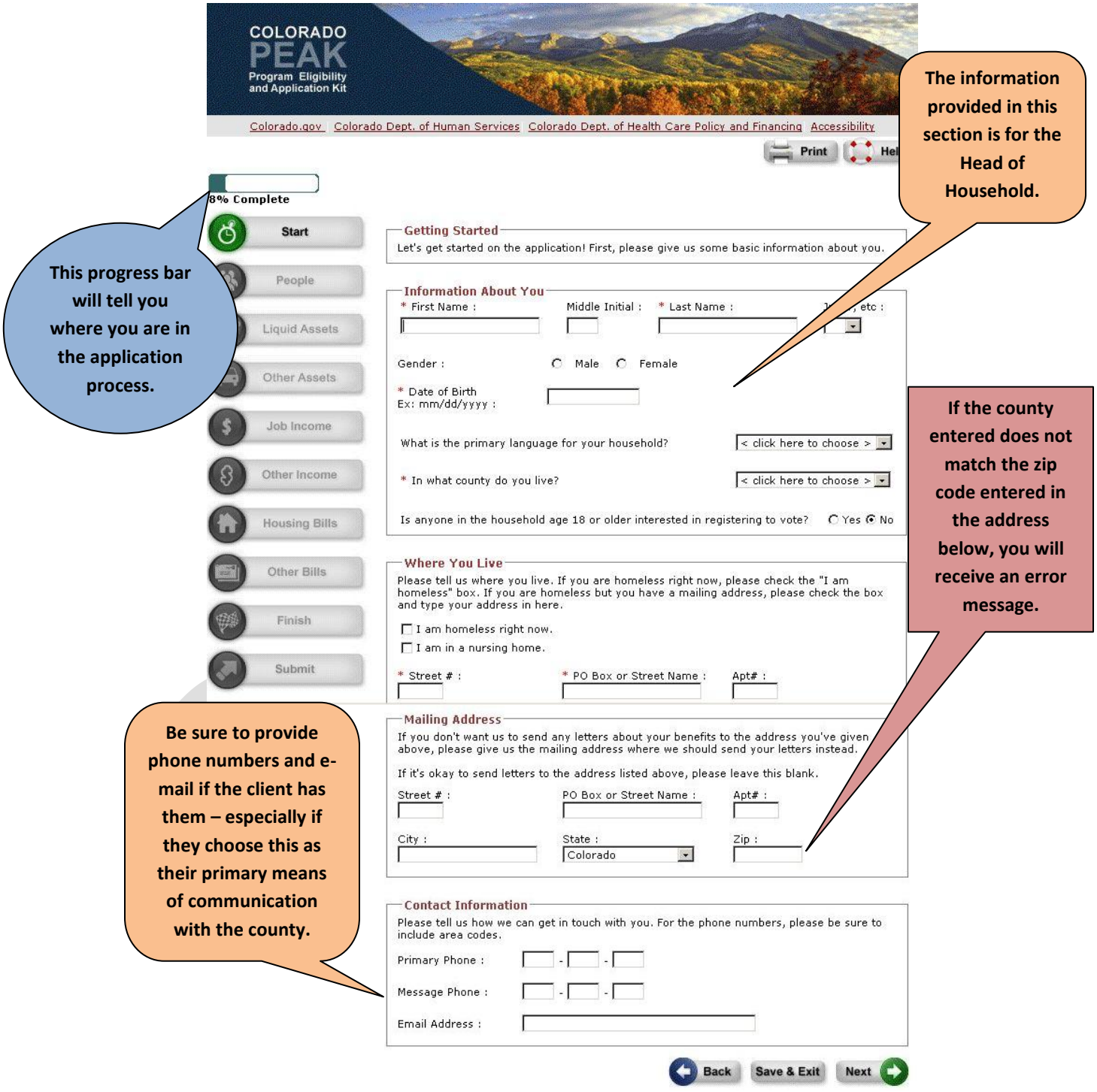
The first step is to determine which program(s) is appropriate to meet the applicant's needs. Colorado PEAK allows clients to apply for individual programs, or to complete a general application for all programs available in PEAK.

NOTE: PEAK is designed to ask only those questions that are pertinent to the programs for which a person is applying. By selecting the *"All programs"* option, the client will be asked to complete the most comprehensive application form.

NOTE: There are a number of human services benefit programs that are available that a client cannot apply for using PEAK. If you are working with an individual or family that has other needs, please direct them to their county office for further assistance.

COLORADO
PEAK
Program Eligibility and Application Kit
Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Fin
5% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Which Benefits Would You Like to Apply For?
The first step is to tell us which benefits your household would like to get. Please check the box for each benefit your household would like to apply for. Later you will have the opportunity to select specific programs for each person in your home as you complete the application. Click the "Next" button at the bottom of the page to continue.
Food Assistance. Food Assistance benefits come on a plastic card, called Colorado Quest Cards, which you can use to buy food at most food stores.
Family and Children's Medical Assistance.
If you are looking for medical assistance for your family, applying on behalf of a child or are pregnant, check this box. Otherwise, click on the following link for more information about other public medical assistance programs: Department of Health Care Policy and Financing.
Some medical assistance programs can help with paying medical bills from the past three months.
If you want your benefits to start in a month that has already passed, please check the box for that month.
January
February
March
Cash Assistance.
Some families and individuals can get cash help:
Low income families with at least one dependent child and/or pregnant woman in the home.
OR
Low income persons age 60 or older
Persons receiving SSI
Persons disabled and unable to work
All programs
Back
Save & Exit
PEAK is asking for the program selection for the whole household. Make sure to include all of the programs that complete household is applying for.
Choose the most appropriate programs for your client.
These buttons allow you to navigate quickly through the PEAK application. Applicants can only jump backward, they cannot skip ahead.
Only Family Medicaid allows a client to request payment for expenses from 90 days prior to the application.
Selecting the "All programs" option ensures families will be reviewed for all programs available to them in PEAK.

Help the applicant complete as much information as possible. The more complete the application is, the easier it will be for the county Eligibility Technicians to determine whether the client exists in CBMS and what benefits the client may be eligible to receive.


COLORADO
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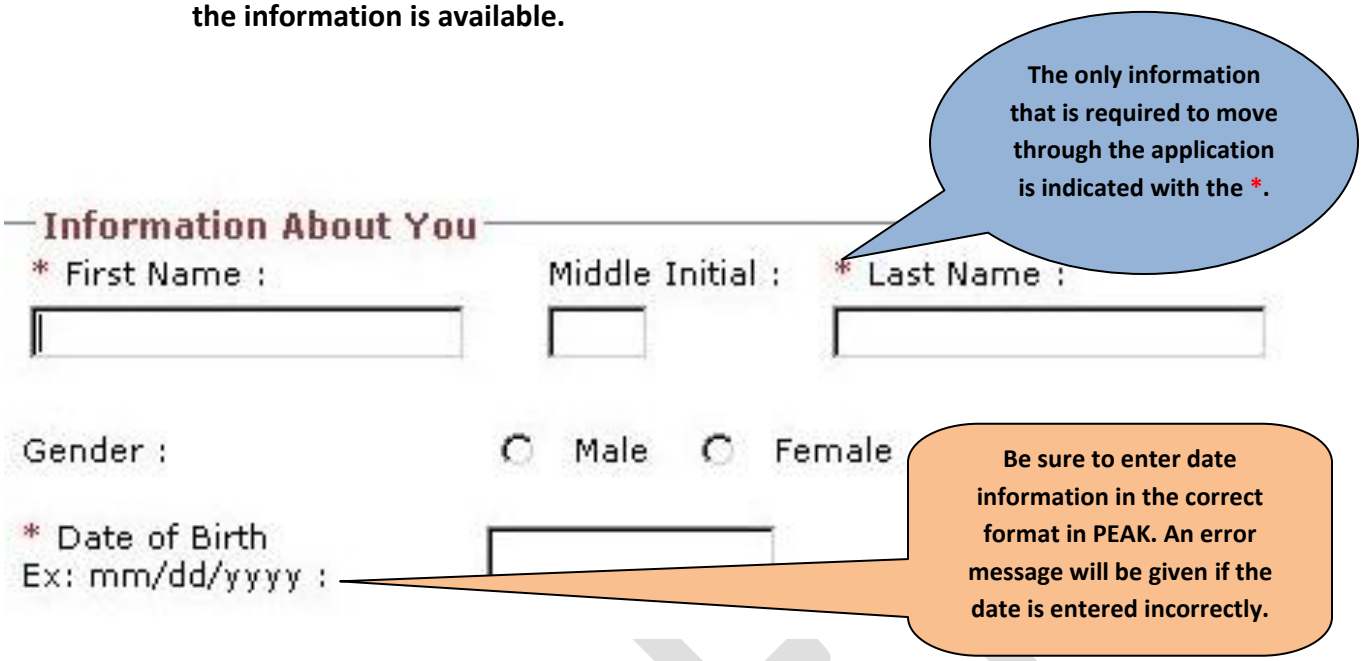
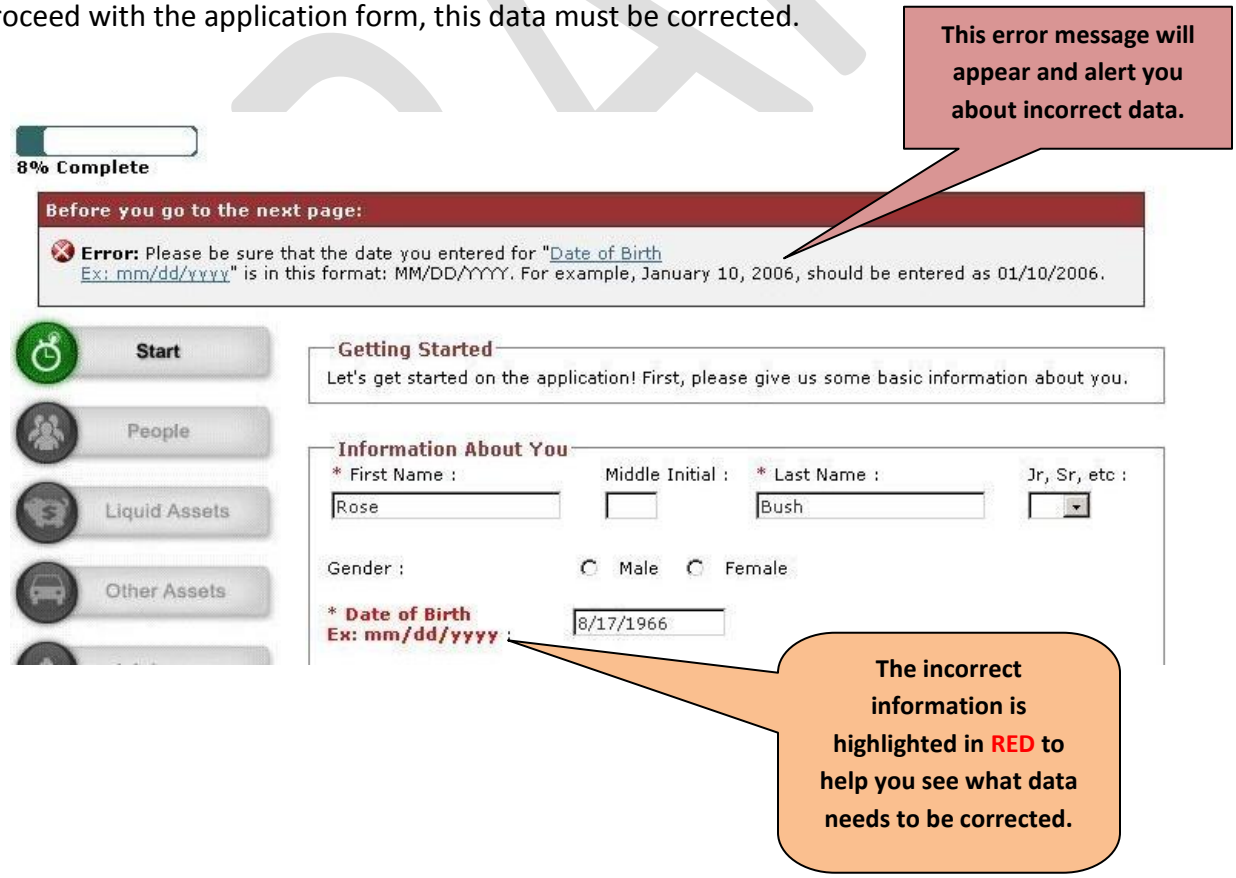
Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
Print
8% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Getting Started
Let's get started on the application! First, please give us some basic information about you.
Information About You
* First Name :
Middle Initial :
* Last Name :
Gender :
Male
Female
* Date of Birth
Ex: mm/dd/yyyy :
What is the primary language for your household?
< click here to choose >
* In what county do you live?
< click here to choose >
Is anyone in the household age 18 or older interested in registering to vote?
Yes
No
Where You Live
Please tell us where you live. If you are homeless right now, please check the "I am homeless" box. If you are homeless but you have a mailing address, please check the box and type your address in here.
I am homeless right now.
I am in a nursing home.
* Street # :
* PO Box or Street Name :
Apt# :
Mailing Address
If you don't want us to send any letters about your benefits to the address you've given above, please give us the mailing address where we should send your letters instead.
If it's okay to send letters to the address listed above, please leave this blank.
Street # :
PO Box or Street Name :
Apt# :
City :
State :
Colorado
Zip :
Contact Information
Please tell us how we can get in touch with you. For the phone numbers, please be sure to include area codes.
Primary Phone :
Message Phone :
Email Address :
Back
Save & Exit
Next
This progress bar will tell you where you are in the application process.
The information provided in this section is for the Head of Household.
If the county entered does not match the zip code entered in the address below, you will receive an error message.
Be sure to provide phone numbers and e-mail if the client has them – especially if they choose this as their primary means of communication with the county.

NOTE: The * indicates the information that is required to be able to move to the next page of the application form. We recommend that you complete all the fields if the information is available.


The only information that is required to move through the application is indicated with the *.
Information About You
* First Name :
Middle Initial :
* Last Name :
Gender :
Male
Female
* Date of Birth
Ex: mm/dd/yyyy :
Be sure to enter date information in the correct format in PEAK. An error message will be given if the date is entered incorrectly.

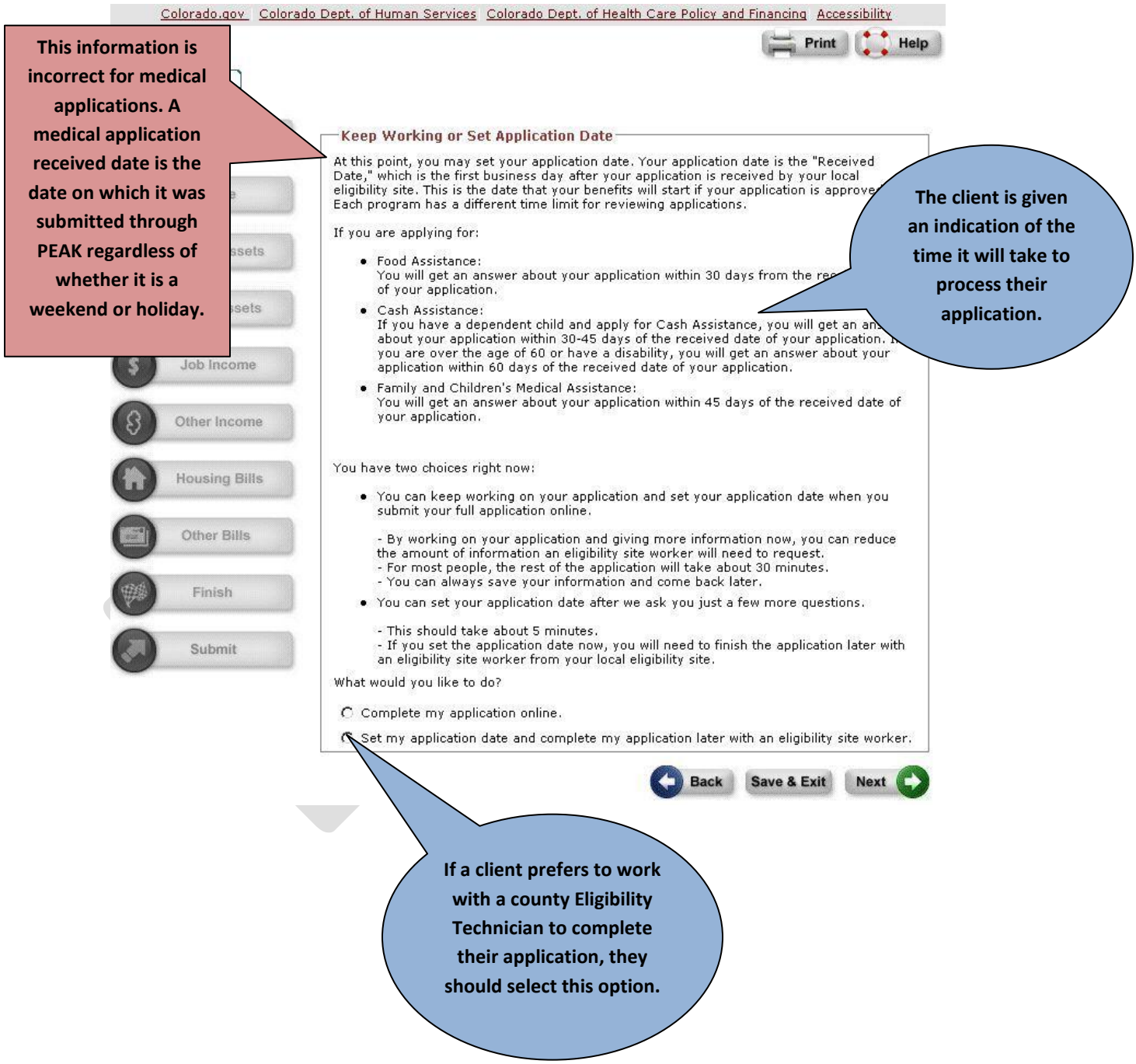
In our test case below, the Date of Birth was not entered in the correct format. Before you can proceed with the application form, this data must be corrected.


This error message will appear and alert you about incorrect data.
8% Complete
Before you go to the next page:
Error: Please be sure that the date you entered for "Date of Birth Ex: mm/dd/yyyy" is in this format: MM/DD/YYYY. For example, January 10, 2006, should be entered as 01/10/2006.
Start
People
Liquid Assets
Other Assets
Getting Started
Let's get started on the application! First, please give us some basic information about you.
Information About You
* First Name :
Middle Initial :
* Last Name :
Jr, Sr, etc :
Rose
Bush
Gender :
Male
Female
* Date of Birth
Ex: mm/dd/yyyy :
8/17/1966
The incorrect information is highlighted in RED to help you see what data needs to be corrected.

If a client doesn't feel comfortable using PEAK on their own, they can work with a county Eligibility Technician to complete an application.

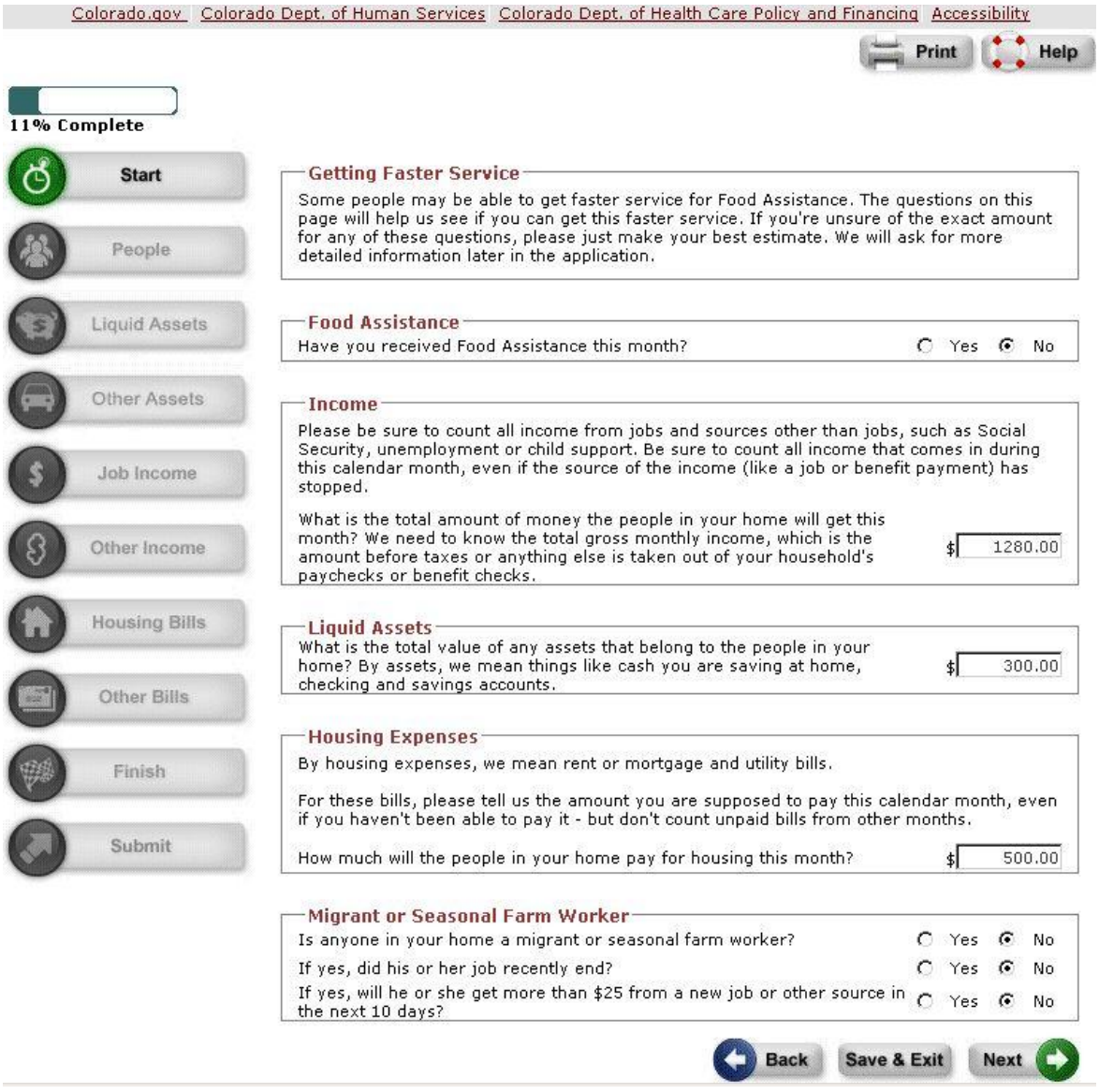
If you feel as though a client's case is too involved for you to handle, you can arrange for an interview for your client and have them complete the application with an Eligibility Technician.

To do this, select the *"Set my application date and complete my application later with an eligibility site worker"* option at the bottom of the screen.


Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
Print
Help
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Keep Working or Set Application Date
At this point, you may set your application date. Your application date is the "Received Date," which is the first business day after your application is received by your local eligibility site. This is the date that your benefits will start if your application is approve
Each program has a different time limit for reviewing applications.
If you are applying for:
Food Assistance:
You will get an answer about your application within 30 days from the re
of your application.
Cash Assistance:
If you have a dependent child and apply for Cash Assistance, you will get an an
about your application within 30-45 days of the received date of your application.
you are over the age of 60 or have a disability, you will get an answer about your application within 60 days of the received date of your application.
Family and Children's Medical Assistance:
You will get an answer about your application within 45 days of the received date of your application.
You have two choices right now:
You can keep working on your application and set your application date when you submit your full application online.
- By working on your application and giving more information now, you can reduce the amount of information an eligibility site worker will need to request.
- For most people, the rest of the application will take about 30 minutes.
- You can always save your information and come back later.
You can set your application date after we ask you just a few more questions.
- This should take about 5 minutes.
- If you set the application date now, you will need to finish the application later with an eligibility site worker from your local eligibility site.
What would you like to do?
Complete my application online.
Set my application date and complete my application later with an eligibility site worker.
Back
Save & Exit
Next
This information is incorrect for medical applications. A medical application received date is the date on which it was submitted through PEAK regardless of whether it is a weekend or holiday.
The client is given an indication of the time it will take to process their application.
If a client prefers to work with a county Eligibility Technician to complete their application, they should select this option.

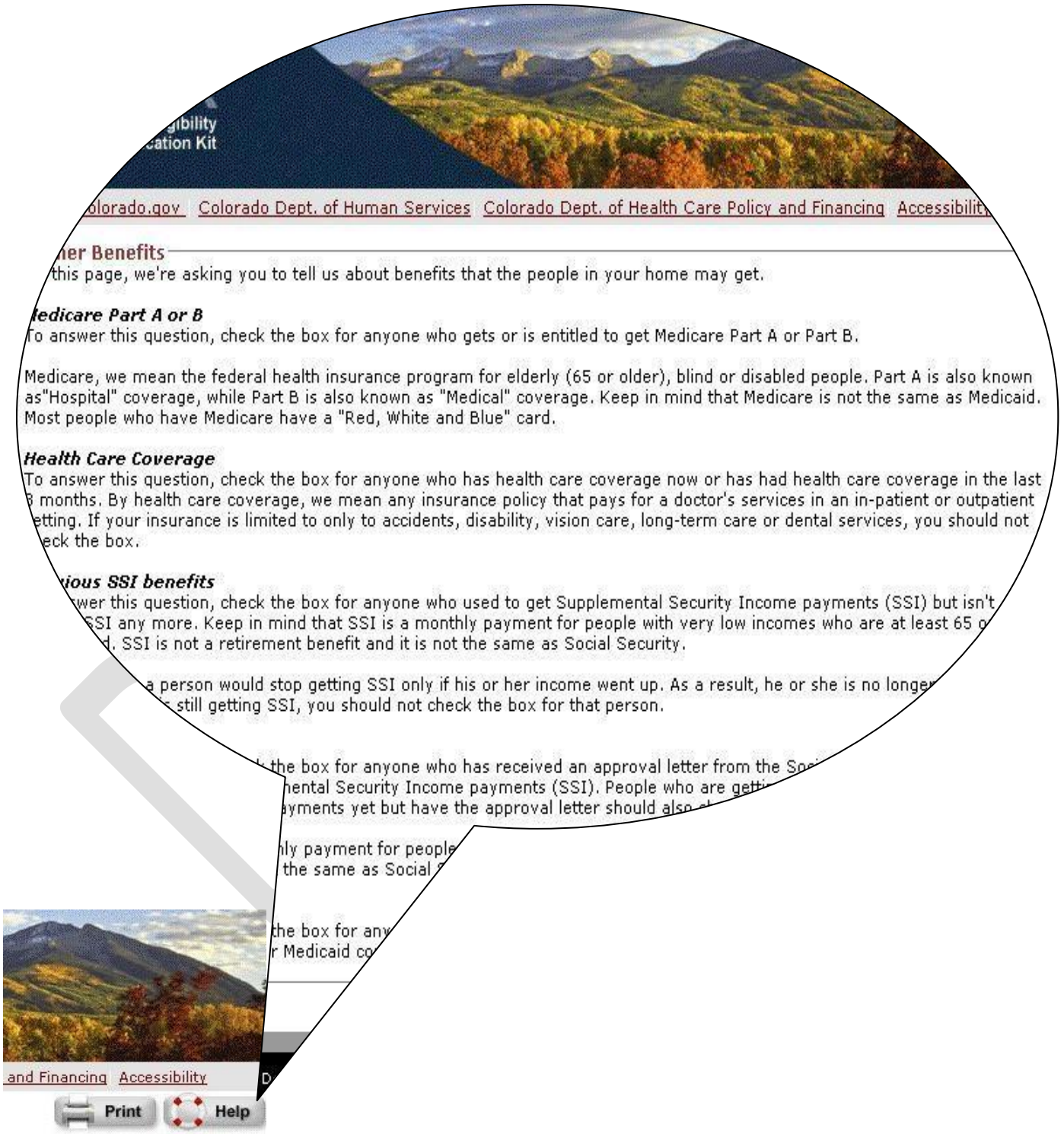
Some clients may be eligible for expedited food assistance services. This page asks for information that will assist in making that determination. Complete it with the best information you have at hand. Depending upon the program, various proofs of income and expenses will be required.

NOTE: In the fictional case below, Rose Bush is a single mother of three children: Lilac, Wysteria, and Forsythia. She is working part-time, and we have used her income and expense information for the application.


Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
Print
Help
11% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Getting Faster Service
Some people may be able to get faster service for Food Assistance. The questions on this page will help us see if you can get this faster service. If you're unsure of the exact amount for any of these questions, please just make your best estimate. We will ask for more detailed information later in the application.
Food Assistance
Have you received Food Assistance this month? Yes No
Income
Please be sure to count all income from jobs and sources other than jobs, such as Social Security, unemployment or child support. Be sure to count all income that comes in during this calendar month, even if the source of the income (like a job or benefit payment) has stopped.
What is the total amount of money the people in your home will get this month? We need to know the total gross monthly income, which is the amount before taxes or anything else is taken out of your household's paychecks or benefit checks.
$ 1280.00
Liquid Assets
What is the total value of any assets that belong to the people in your home? By assets, we mean things like cash you are saving at home, checking and savings accounts.
$ 300.00
Housing Expenses
By housing expenses, we mean rent or mortgage and utility bills.
For these bills, please tell us the amount you are supposed to pay this calendar month, even if you haven't been able to pay it - but don't count unpaid bills from other months.
How much will the people in your home pay for housing this month?
$ 500.00
Migrant or Seasonal Farm Worker
Is anyone in your home a migrant or seasonal farm worker? Yes No
If yes, did his or her job recently end? Yes No
If yes, will he or she get more than $25 from a new job or other source in the next 10 days? Yes No
Back
Save & Exit
Next

Using the Help Function

Colorado PEAK has a built in Help function that allows people to access explanations and definitions of terms being used on a particular page. When someone clicks o the *"Help"* button, the information will appear in a separate window.


Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
this page, we're asking you to tell us about benefits that the people in your home may get.
To answer this question, check the box for anyone who gets or is entitled to get Medicare Part A or Part B.
Medicare, we mean the federal health insurance program for elderly (65 or older), blind or disabled people. Part A is also known as"Hospital" coverage, while Part B is also known as "Medical" coverage. Keep in mind that Medicare is not the same as Medicaid. Most people who have Medicare have a "Red, White and Blue" card.
Health Care Coverage
To answer this question, check the box for anyone who has health care coverage now or has had health care coverage in the last 3 months. By health care coverage, we mean any insurance policy that pays for a doctor's services in an in-patient or outpatient setting. If your insurance is limited to only to accidents, disability, vision care, long-term care or dental services, you should not check the box.
Print
Help

Review of Start Information

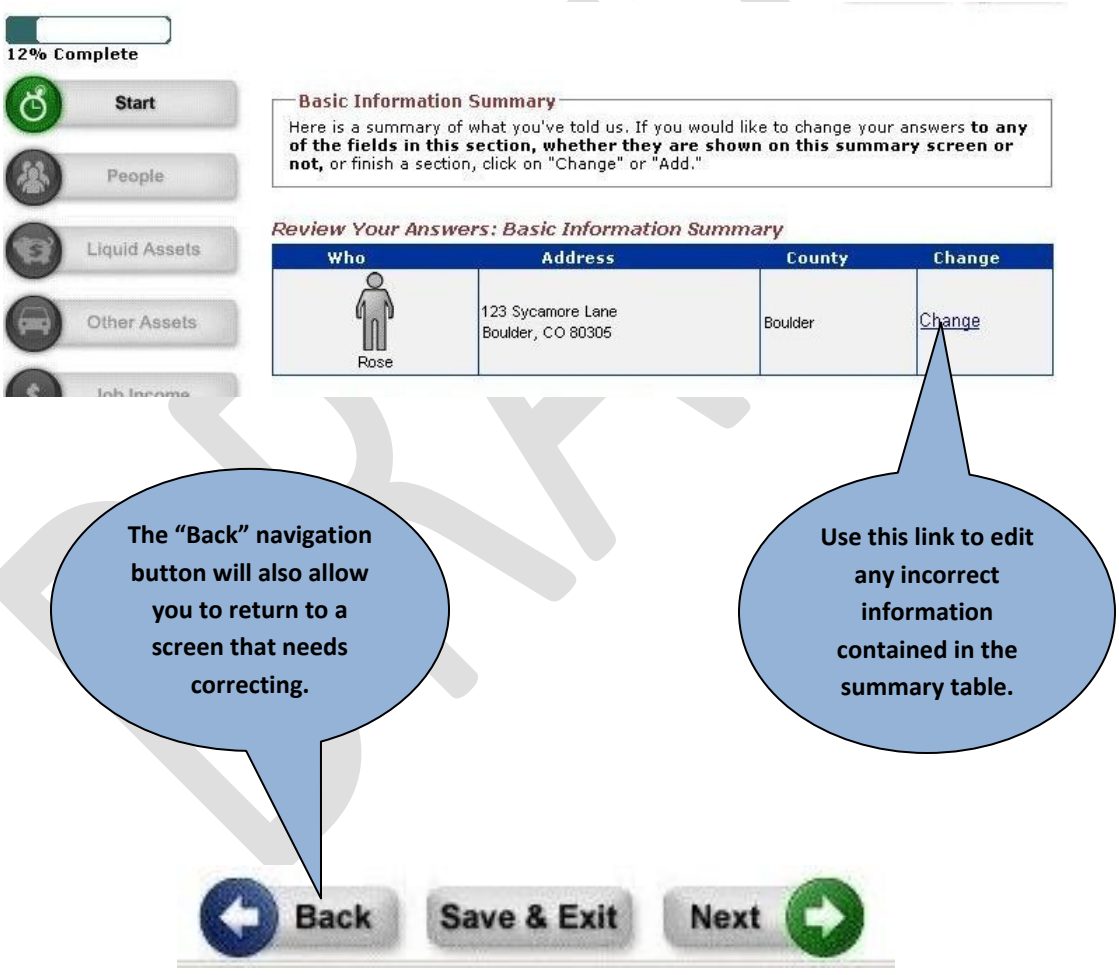
The Colorado PEAK system will continually ask you to verify the information entered for the client. It will give you the option to correct information.

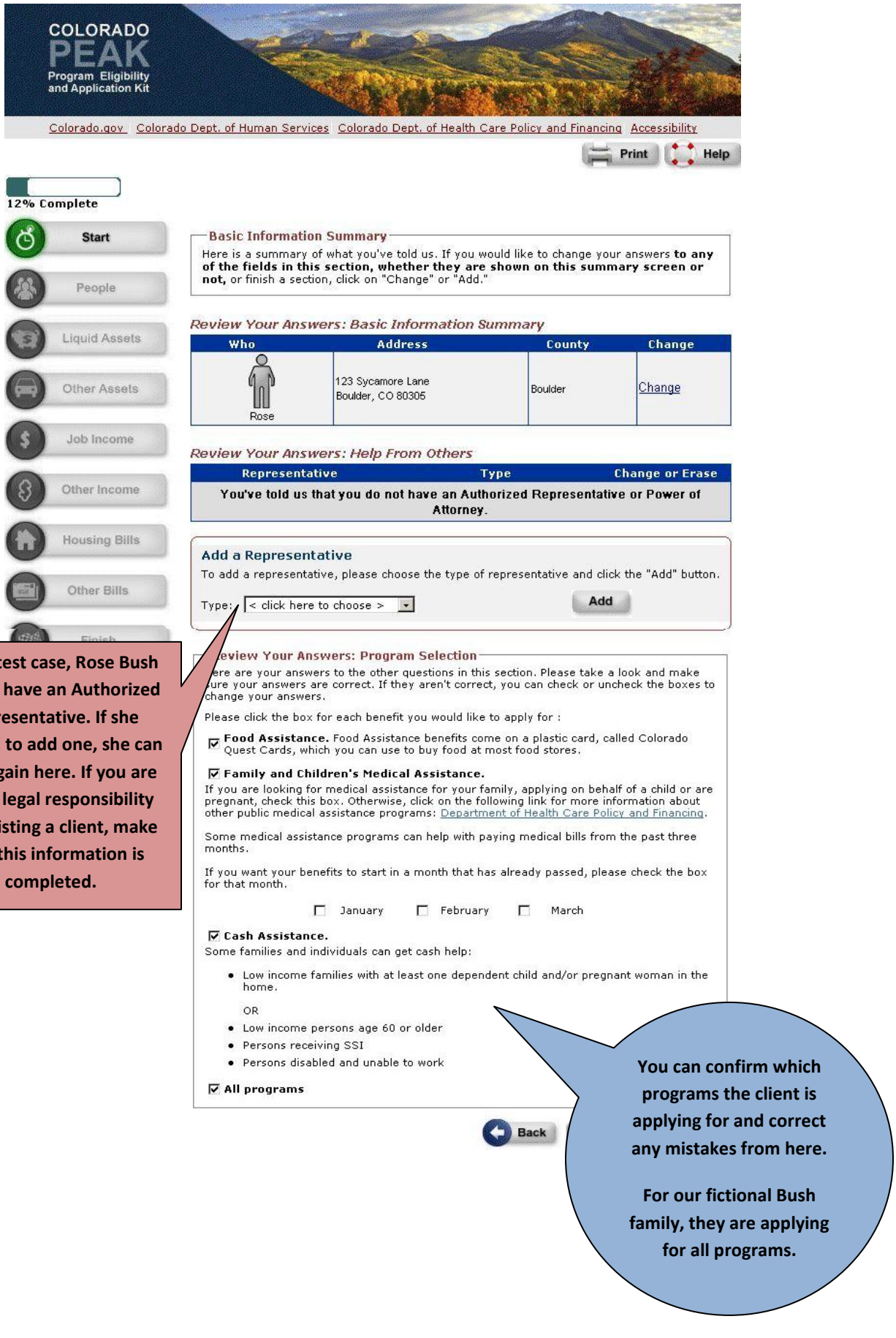
To do this, you:

1. Select the *"Change"* link on the right of the table containing the information to be corrected.

Or

2. Use the *"Back"* button on the bottom of the page to return to the screen with the information that needs to be corrected.


12% Complete
Start
People
Liquid Assets
Other Assets
Basic Information Summary
Here is a summary of what you've told us. If you would like to change your answers to any of the fields in this section, whether they are shown on this summary screen or not, or finish a section, click on "Change" or "Add."
Review Your Answers: Basic Information Summary
Who
Address
County
Change
Rose
123 Sycamore Lane
Boulder, CO 80305
Boulder
Change
The "Back" navigation button will also allow you to return to a screen that needs correcting.
Use this link to edit any incorrect information contained in the summary table.
Back
Save & Exit
Next


COLORADO
PEAK
Program Eligibility and Application Kit
Colorado.gov Colorado Dept. of Human Services Colorado Dept. of Health Care Policy and Financing Accessibility
Print
Help
12% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Basic Information Summary
Here is a summary of what you've told us. If you would like to change your answers to any of the fields in this section, whether they are shown on this summary screen or not, or finish a section, click on "Change" or "Add."
Review Your Answers: Basic Information Summary
Who
Address
County
Change
Rose
123 Sycamore Lane
Boulder, CO 80305
Boulder
Change
Review Your Answers: Help From Others
Representative
Type
Change or Erase
You've told us that you do not have an Authorized Representative or Power of Attorney.
Add a Representative
To add a representative, please choose the type of representative and click the "Add" button.
Type: < click here to choose >
Add
Review Your Answers: Program Selection
Here are your answers to the other questions in this section. Please take a look and make sure your answers are correct. If they aren't correct, you can check or uncheck the boxes to change your answers.
Please click the box for each benefit you would like to apply for :
Food Assistance. Food Assistance benefits come on a plastic card, called Colorado Quest Cards, which you can use to buy food at most food stores.
Family and Children's Medical Assistance.
If you are looking for medical assistance for your family, applying on behalf of a child or are pregnant, check this box. Otherwise, click on the following link for more information about other public medical assistance programs: Department of Health Care Policy and Financing.
Some medical assistance programs can help with paying medical bills from the past three months.
If you want your benefits to start in a month that has already passed, please check the box for that month.
January
February
March
Cash Assistance.
Some families and individuals can get cash help:
Low income families with at least one dependent child and/or pregnant woman in the home.
OR
Low income persons age 60 or older
Persons receiving SSI
Persons disabled and unable to work
All programs
Back

In our test case, Rose Bush did not have an Authorized Representative. If she wanted to add one, she can do it again here. If you are taking legal responsibility for assisting a client, make sure this information is completed.

You can confirm which programs the client is applying for and correct any mistakes from here.

For our fictional Bush family, they are applying for all programs.

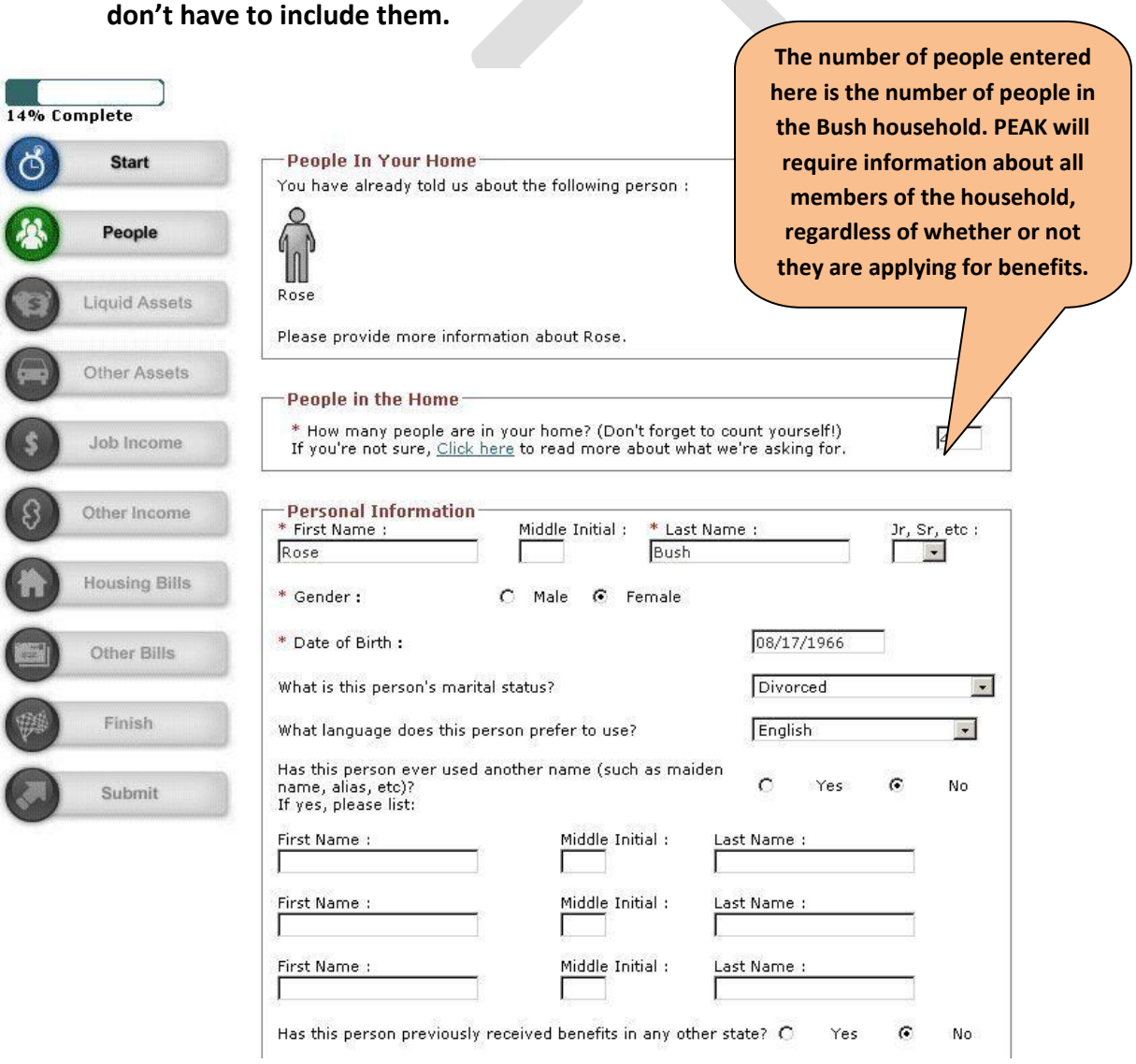
Populating the People in the Household

The next section within PEAK is to populate the household. Again, providing as much information as possible will allow eligibility technicians to make determinations more quickly.

The PEAK system will ask you complete information on the primary person in the household. In our case, Rose Bush's personal information needs to be completed further.

If a person is not applying for benefits, then there is no need to complete the Citizenship or Ethnicity questions for that individual.

NOTE: PEAK defines a household as: "everyone who lives in the home." If you or the applicant you are assisting is uncertain whether to count a person as a household member, PEAK advises: "think about whether or not the client is related to them. If they aren't related but share food together, be sure to count them. If they aren't related and they don't share food together, you don't have to include them.

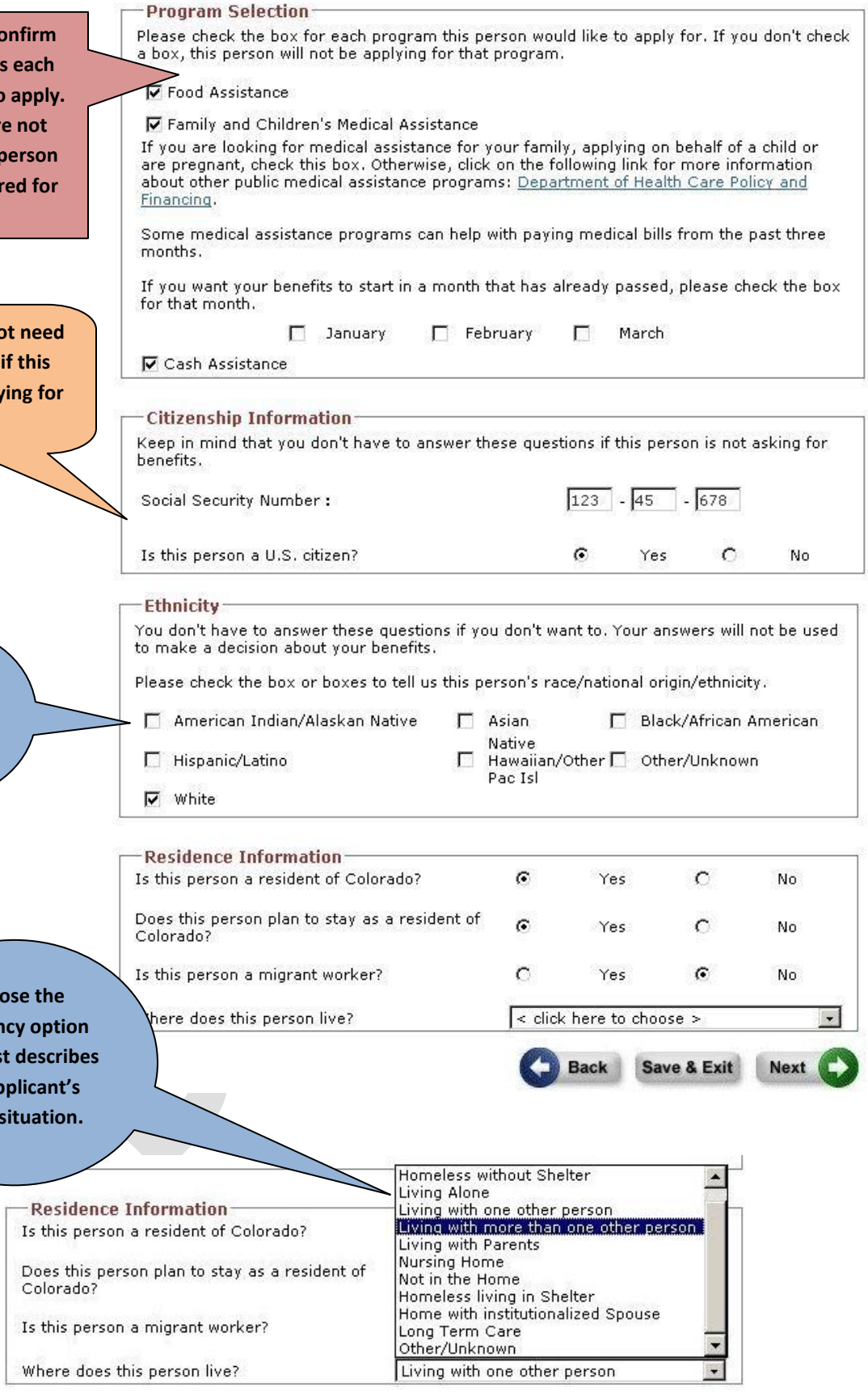

The number of people entered here is the number of people in the Bush household. PEAK will require information about all members of the household, regardless of whether or not they are applying for benefits.
14% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
People In Your Home
You have already told us about the following person :
Rose
Please provide more information about Rose.
People in the Home
* How many people are in your home? (Don't forget to count yourself!)
If you're not sure, Click here to read more about what we're asking for.
Personal Information
* First Name :
Middle Initial :
* Last Name :
Jr, Sr, etc :
Rose
Bush
* Gender :
Male
Female
* Date of Birth :
08/17/1966
What is this person's marital status?
Divorced
What language does this person prefer to use?
English
Has this person ever used another name (such as maiden name, alias, etc)?
If yes, please list:
Yes
No
First Name :
Middle Initial :
Last Name :
Has this person previously received benefits in any other state?
Yes
No

It is important to confirm for which programs each person would like to apply. If the programs are not checked here, this person will not be considered for benefits.

Citizenship does not need to be completed if this person is not applying for benefits.

The Ethnicity questions are optional.

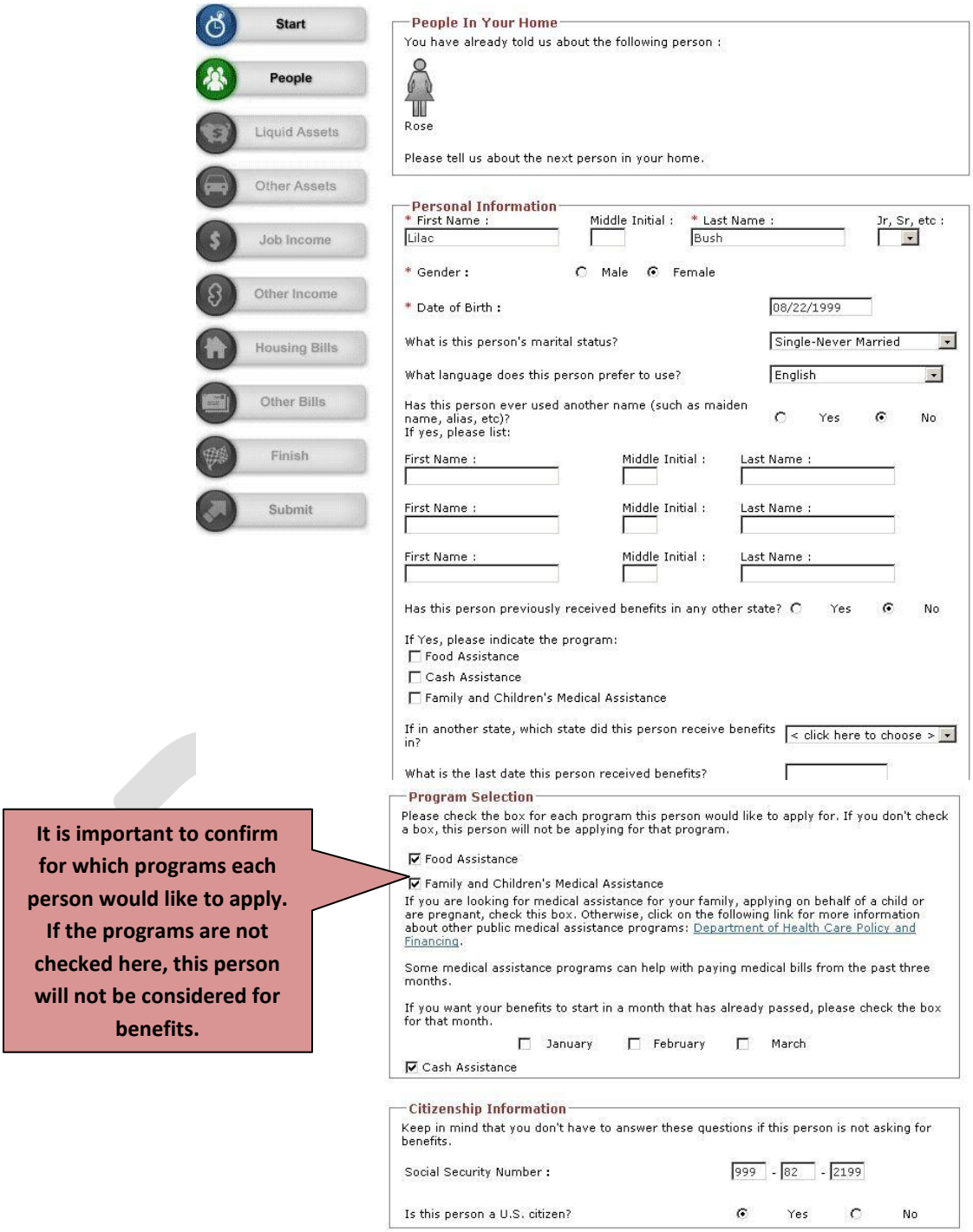
Choose the residency option that best describes the applicant's living situation.


Program Selection
Please check the box for each program this person would like to apply for. If you don't check a box, this person will not be applying for that program.
Food Assistance
Family and Children's Medical Assistance
If you are looking for medical assistance for your family, applying on behalf of a child or are pregnant, check this box. Otherwise, click on the following link for more information about other public medical assistance programs: Department of Health Care Policy and Financing.
Some medical assistance programs can help with paying medical bills from the past three months.
If you want your benefits to start in a month that has already passed, please check the box for that month.
January
February
March
Cash Assistance
Citizenship Information
Keep in mind that you don't have to answer these questions if this person is not asking for benefits.
Social Security Number :
123 - 45 - 678
Is this person a U.S. citizen?
Yes
No
Ethnicity
You don't have to answer these questions if you don't want to. Your answers will not be used to make a decision about your benefits.
Please check the box or boxes to tell us this person's race/national origin/ethnicity.
American Indian/Alaskan Native
Asian
Black/African American
Hispanic/Latino
Native Hawaiian/Other Pac Isl
Other/Unknown
White
Residence Information
Is this person a resident of Colorado?
Yes
No
Does this person plan to stay as a resident of Colorado?
Yes
No
Is this person a migrant worker?
Yes
No
here does this person live?
< click here to choose >
Back
Save & Exit
Next
Residence Information
Is this person a resident of Colorado?
Does this person plan to stay as a resident of Colorado?
Is this person a migrant worker?
Where does this person live?
Homeless without Shelter
Living Alone
Living with one other person
Living with more than one other person
Living with Parents
Nursing Home
Not in the Home
Homeless living in Shelter
Home with institutionalized Spouse
Long Term Care
Other/Unknown
Living with one other person

Populating Additional Household Members

PEAK will ask you to complete the same fields for each additional member of the household.

NOTE: Be sure to complete the Program Selection for each additional household member. This will need to be done for each additional individual.

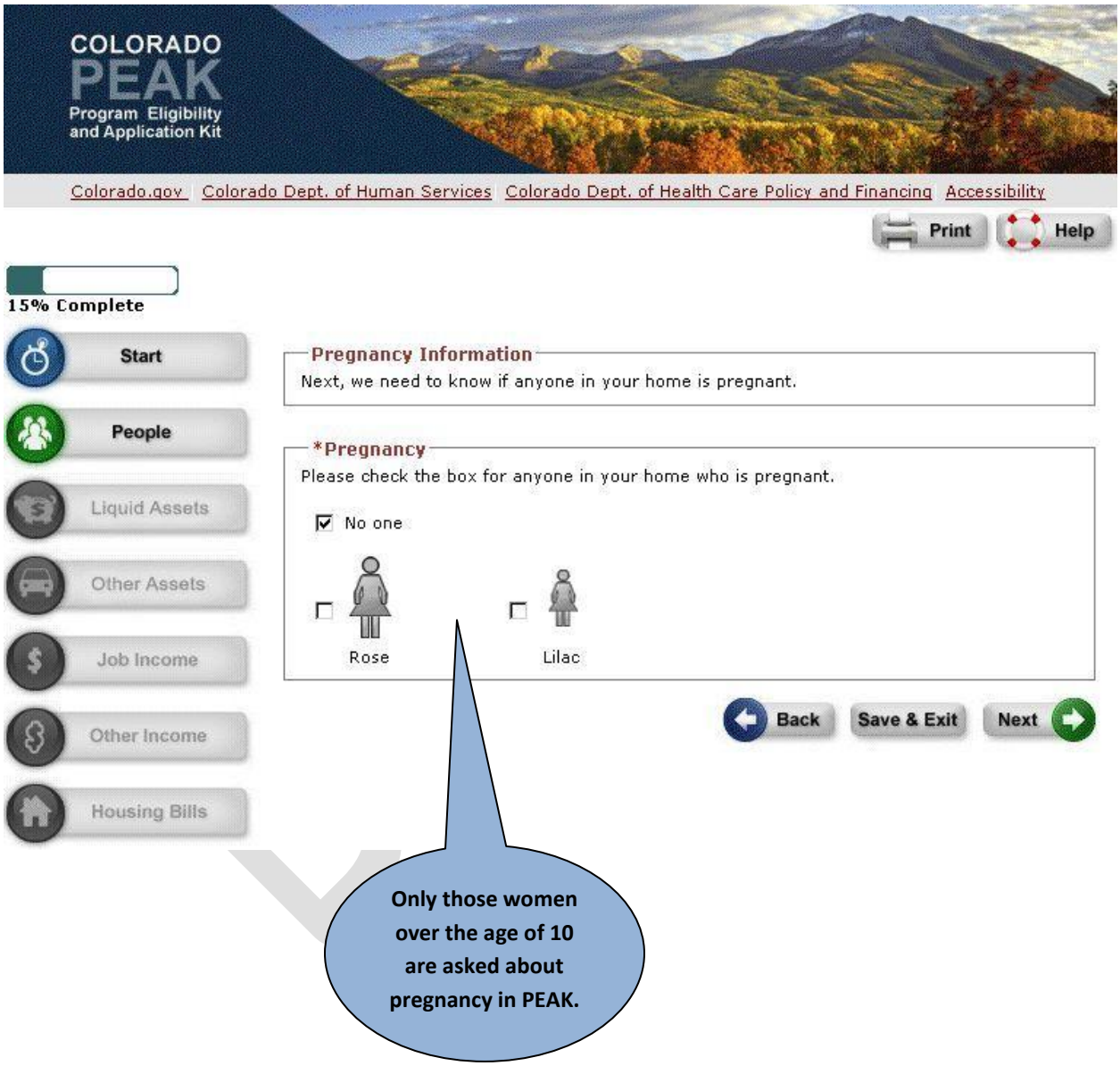

Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
People In Your Home
You have already told us about the following person :
Rose
Please tell us about the next person in your home.
Personal Information
* First Name : Lilac
Middle Initial :
* Last Name : Bush
Jr, Sr, etc :
* Gender : Male Female
* Date of Birth : 08/22/1999
What is this person's marital status? Single-Never Married
What language does this person prefer to use? English
Has this person ever used another name (such as maiden name, alias, etc)? Yes No
If yes, please list:
First Name : Middle Initial : Last Name :
First Name : Middle Initial : Last Name :
First Name : Middle Initial : Last Name :
Has this person previously received benefits in any other state? Yes No
If Yes, please indicate the program:
Food Assistance
Cash Assistance
Family and Children's Medical Assistance
If in another state, which state did this person receive benefits in? < click here to choose >
What is the last date this person received benefits?
Program Selection
Please check the box for each program this person would like to apply for. If you don't check a box, this person will not be applying for that program.
Food Assistance
Family and Children's Medical Assistance
If you are looking for medical assistance for your family, applying on behalf of a child or are pregnant, check this box. Otherwise, click on the following link for more information about other public medical assistance programs: Department of Health Care Policy and Financing.
Some medical assistance programs can help with paying medical bills from the past three months.
If you want your benefits to start in a month that has already passed, please check the box for that month.
January February March
Cash Assistance
Citizenship Information
Keep in mind that you don't have to answer these questions if this person is not asking for benefits.
Social Security Number : 999 - 82 - 2199
Is this person a U.S. citizen? Yes No

It is important to confirm for which programs each person would like to apply. If the programs are not checked here, this person will not be considered for benefits.

Indicating Pregnancy

Pregnancy is a key determinant for beginning medical benefits immediately. If a client is pregnant, please indicate it on this screen.

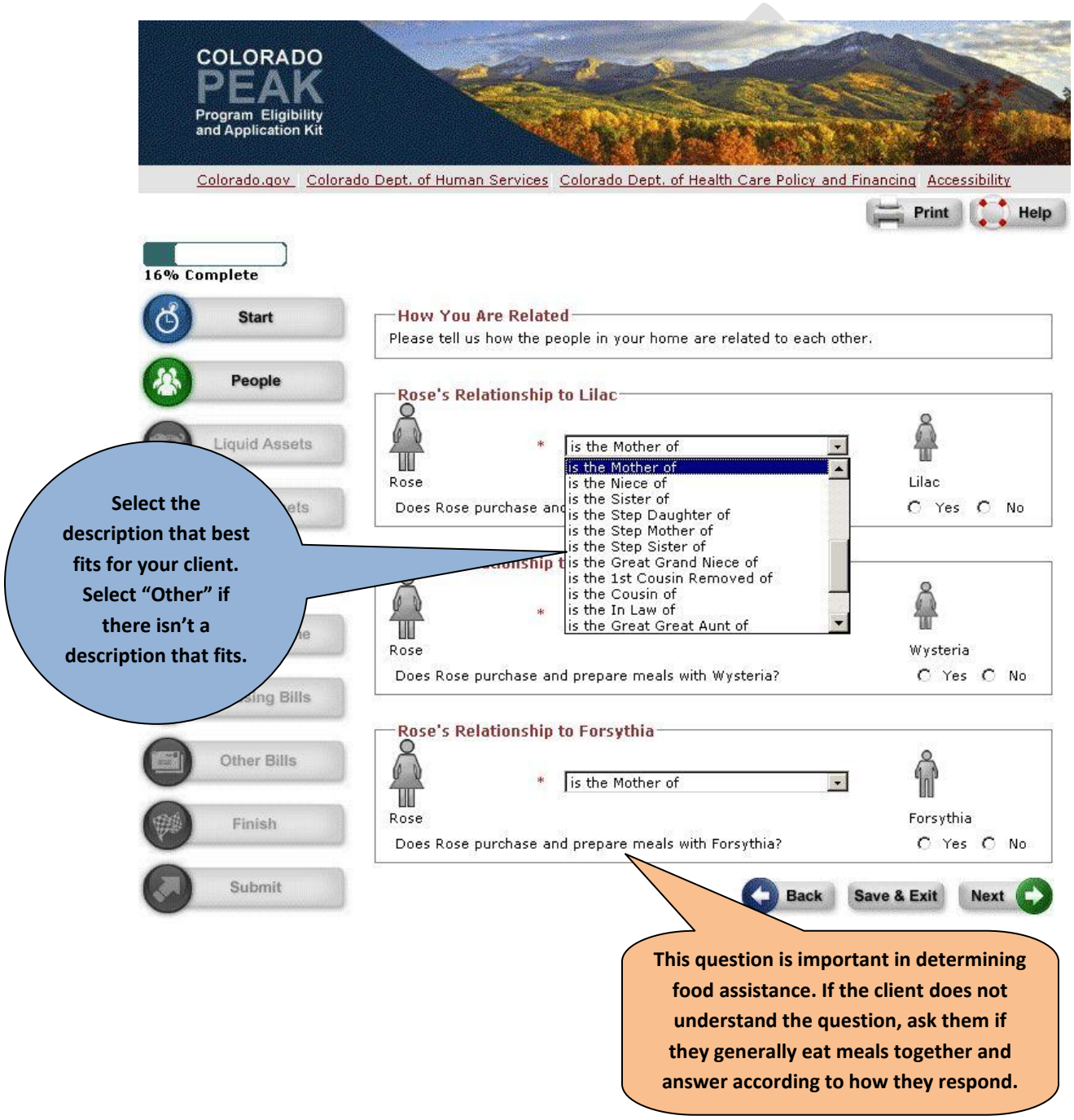
NOTE: Colorado PEAK will automatically screen the ages of women on the application and will only ask about pregnancy for those women over 10 years old. There is no top end age cut-off.



Determining Household Relationships

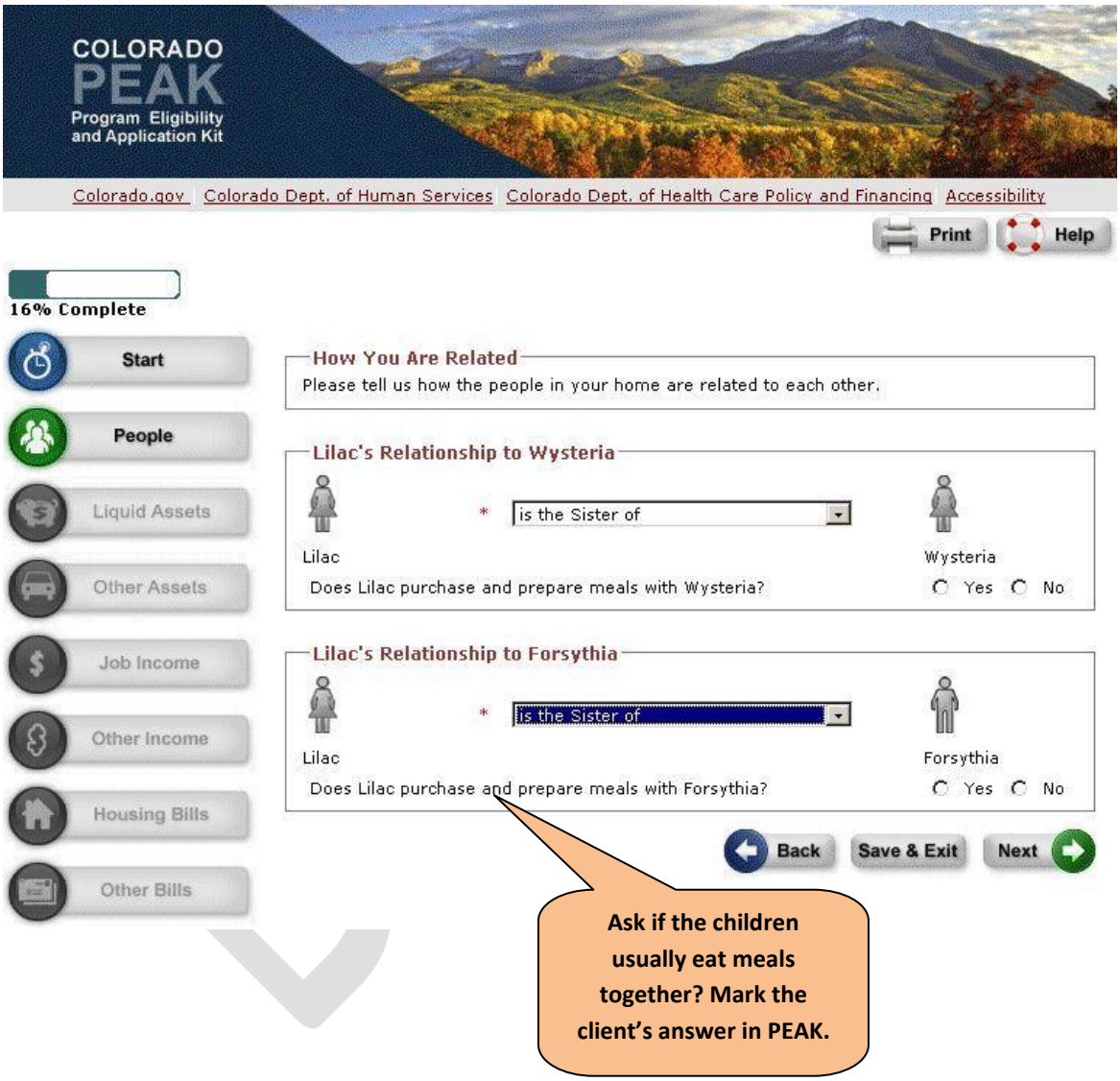
Understanding the relationships within the household is important for determining benefits (i.e. food assistance). PEAK will ask you to clarify how the members of the household are related (if at all).

The relationship between the Head of Household and each person on the application will be asked first. Select the option from the drop-down menu that best describes your client's situation. If there isn't a description that describes your client's relationship to the Head of Household, select the *"Other"* category.

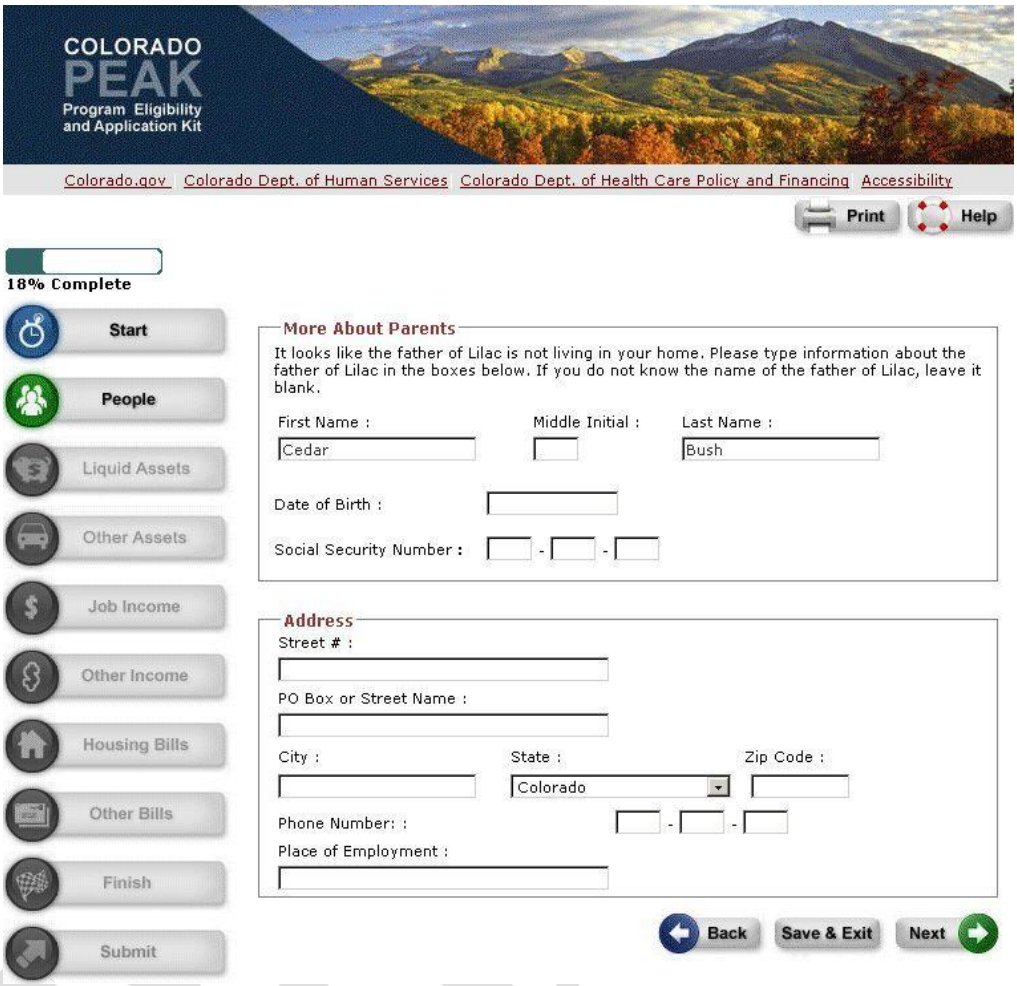


PEAK will ask you to define the relationships between the other members of the household next.

NOTE: PEAK will ask if the other members of the household *"purchase and prepare meals"* together. Because they may be minors who don't actually buy the food, a client may be tempted to answer no. Pose the question differently and ask if the additional household members usually eat their meals together.



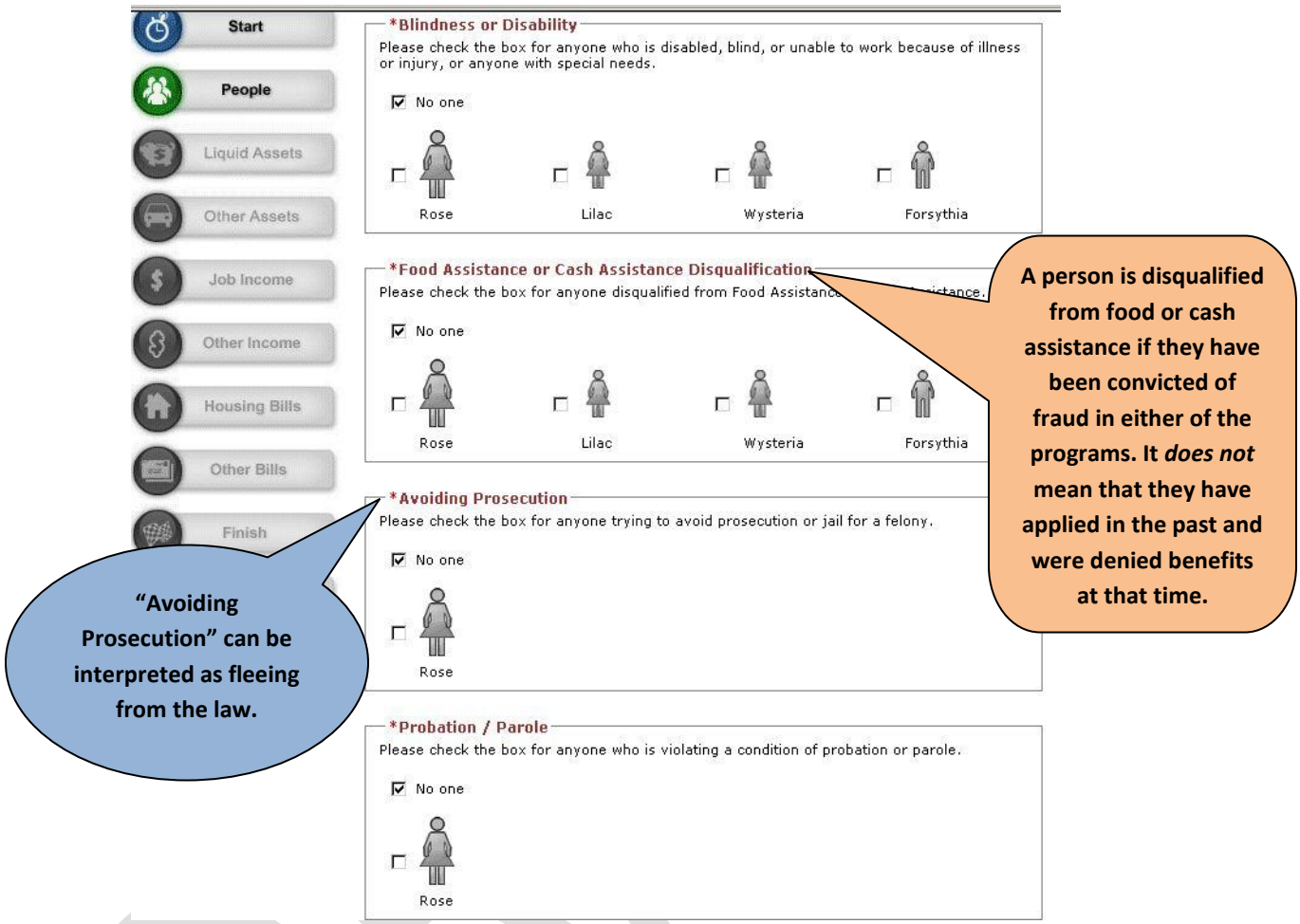
For households where minor children do not live with both parents, PEAK will ask for the missing parent's information.

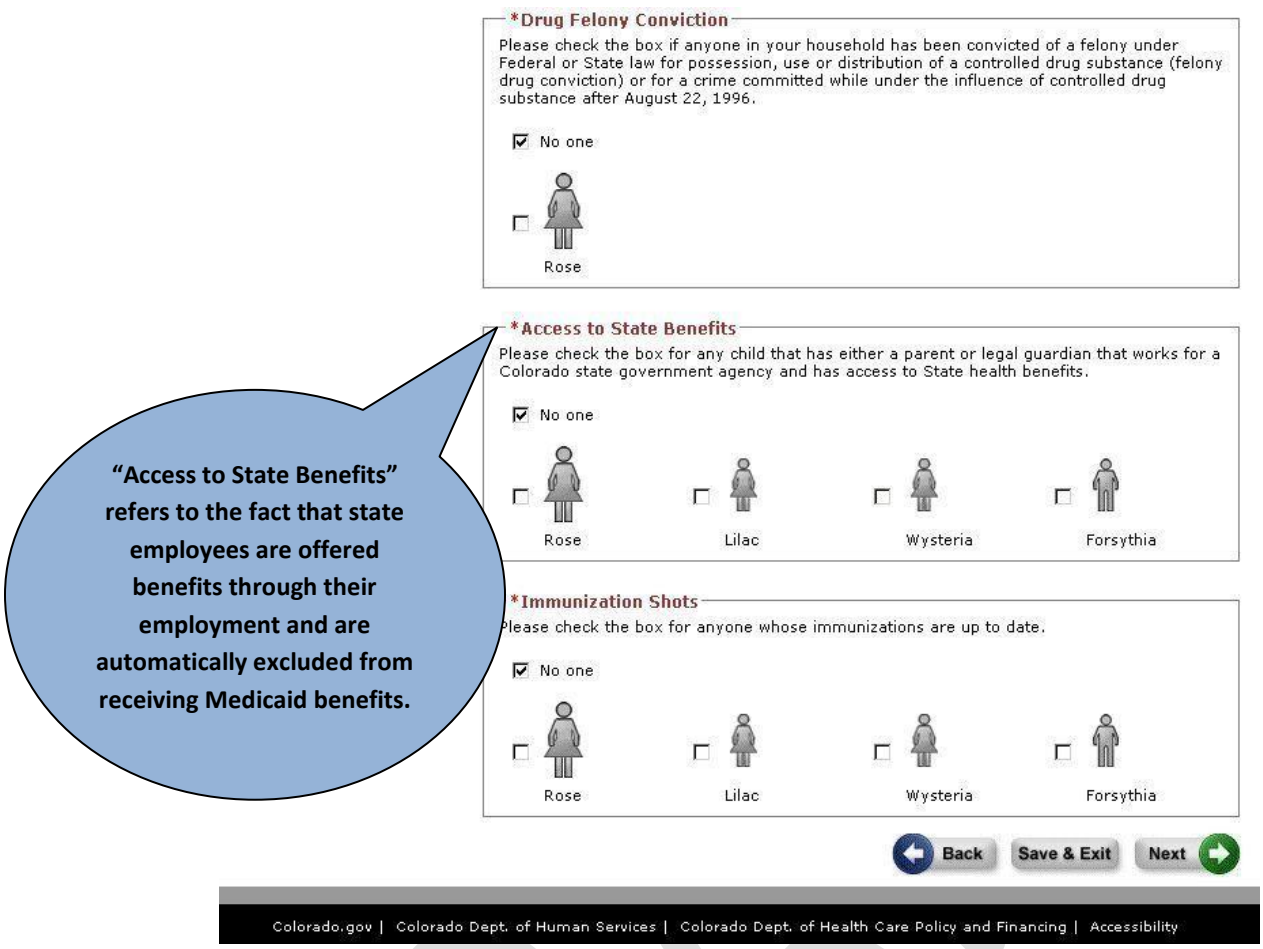


Colorado PEAK will ask if the parent listed is the same for all children in the household. Since Cedar Bush is the father of all of Rose's children, there is no need to re-enter this information for each child in this case. If that wasn't the case, then the applicant will need to enter in each of the children's father's information into PEAK.

Defining Household Members

PEAK will ask you to further define the members of the household to better determine eligibility. Click in the box next to each household member that the question applies to.


Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
*Blindness or Disability
Please check the box for anyone who is disabled, blind, or unable to work because of illness or injury, or anyone with special needs.
No one
Rose
Lilac
Wysteria
Forsythia
*Food Assistance or Cash Assistance Disqualification
No one
Rose
Lilac
Wysteria
Forsythia
*Avoiding Prosecution
Please check the box for anyone trying to avoid prosecution or jail for a felony.
No one
Rose
*Probation / Parole
Please check the box for anyone who is violating a condition of probation or parole.
No one
Rose
A person is disqualified from food or cash assistance if they have been convicted of fraud in either of the programs. It does not mean that they have applied in the past and were denied benefits at that time.
"Avoiding Prosecution" can be interpreted as fleeing from the law.


*Drug Felony Conviction
Please check the box if anyone in your household has been convicted of a felony under Federal or State law for possession, use or distribution of a controlled drug substance (felony drug conviction) or for a crime committed while under the influence of controlled drug substance after August 22, 1996.
No one
Rose
*Access to State Benefits
Please check the box for any child that has either a parent or legal guardian that works for a Colorado state government agency and has access to State health benefits.
No one
Rose
Lilac
Wysteria
Forsythia
*Immunization Shots
Please check the box for anyone whose immunizations are up to date.
No one
Rose
Lilac
Wysteria
Forsythia
Back
Save & Exit
Next
Colorado.gov | Colorado Dept. of Human Services | Colorado Dept. of Health Care Policy and Financing | Accessibility

"Access to State Benefits" refers to the fact that state employees are offered benefits through their employment and are automatically excluded from receiving Medicaid benefits.

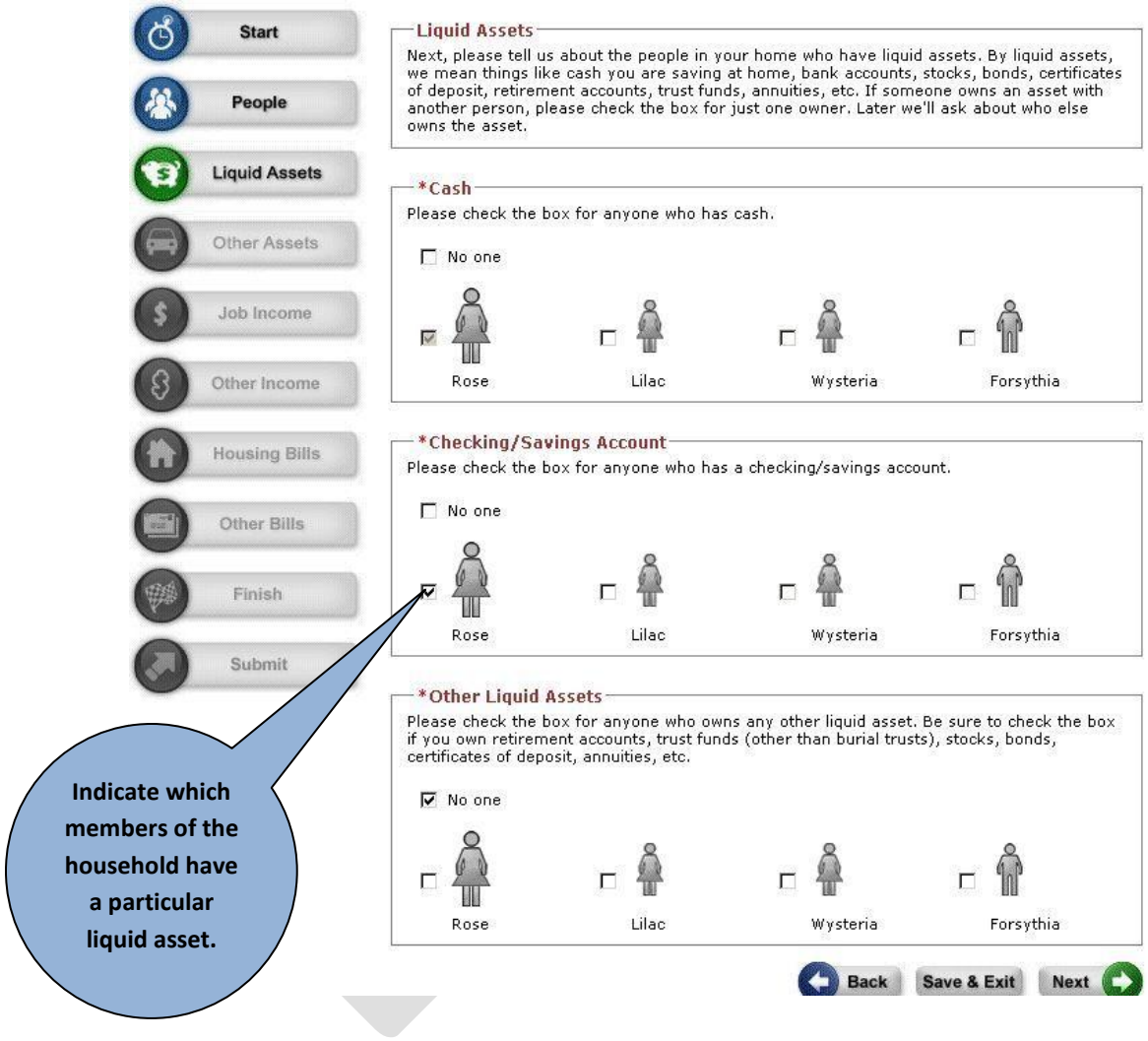
DRAFT

Completing Liquid Assets

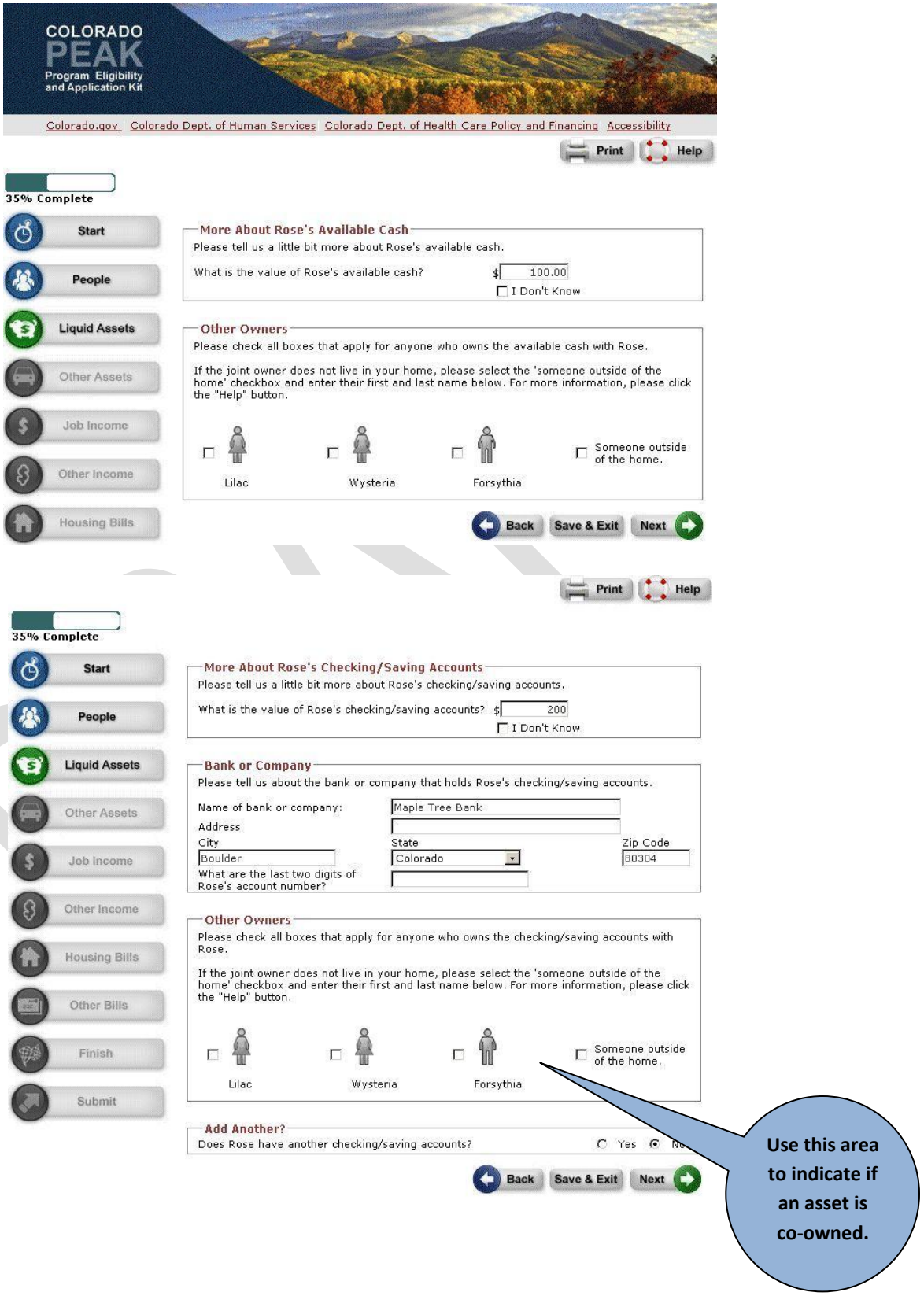
Defining Liquid Assets

PEAK defines Liquid Assets as any cash, bank accounts, stocks, bonds, certificates of deposit, retirement accounts (401K, IRAs, etc.), trust funds, annuities, etc. Populate this section as completely as possible to ensure that the client will be accurately screened for benefits.

In our test case, Rose Bush has some cash at home and a bank account, but no other liquid assets. For each asset listed, PEAK will ask for more detail.

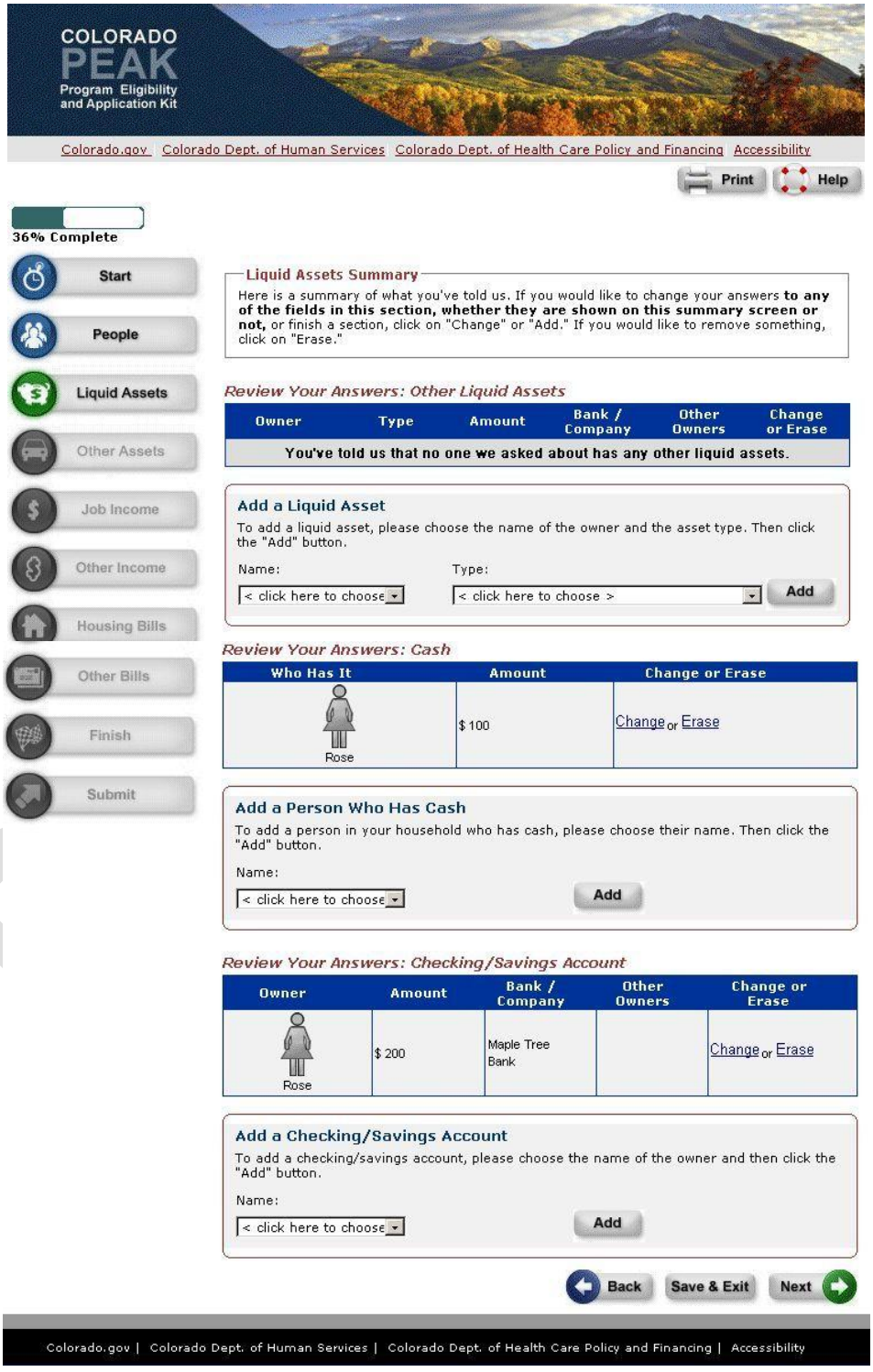

Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Liquid Assets
Next, please tell us about the people in your home who have liquid assets. By liquid assets, we mean things like cash you are saving at home, bank accounts, stocks, bonds, certificates of deposit, retirement accounts, trust funds, annuities, etc. If someone owns an asset with another person, please check the box for just one owner. Later we'll ask about who else owns the asset.
*Cash
Please check the box for anyone who has cash.
No one
Rose
Lilac
Wysteria
Forsythia
*Checking/Savings Account
Please check the box for anyone who has a checking/savings account.
No one
Rose
Lilac
Wysteria
Forsythia
*Other Liquid Assets
Please check the box for anyone who owns any other liquid asset. Be sure to check the box if you own retirement accounts, trust funds (other than burial trusts), stocks, bonds, certificates of deposit, annuities, etc.
No one
Rose
Lilac
Wysteria
Forsythia
Back
Save & Exit
Next
Indicate which members of the household have a particular liquid asset.

Because Rose Bush indicated that she has some cash and a bank account, PEAK will ask for more detail about these liquid assets. Indicate if the assets are co-owned by anyone else (either in the household or not) at this point.


COLORADO
PEAK
Program Eligibility and Application Kit
Colorado.gov Colorado Dept. of Human Services Colorado Dept. of Health Care Policy and Financing Accessibility
Print Help
35% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
More About Rose's Available Cash
Please tell us a little bit more about Rose's available cash.
What is the value of Rose's available cash? $ 100.00
I Don't Know
Other Owners
Please check all boxes that apply for anyone who owns the available cash with Rose.
If the joint owner does not live in your home, please select the 'someone outside of the home' checkbox and enter their first and last name below. For more information, please click the "Help" button.
Lilac
Wysteria
Forsythia
Someone outside of the home.
Back Save & Exit Next
Print Help
35% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
More About Rose's Checking/Saving Accounts
Please tell us a little bit more about Rose's checking/saving accounts.
What is the value of Rose's checking/saving accounts? $ 200
I Don't Know
Bank or Company
Please tell us about the bank or company that holds Rose's checking/saving accounts.
Name of bank or company: Maple Tree Bank
Address
City Boulder
State Colorado
Zip Code 80304
What are the last two digits of Rose's account number?
Other Owners
Please check all boxes that apply for anyone who owns the checking/saving accounts with Rose.
If the joint owner does not live in your home, please select the 'someone outside of the home' checkbox and enter their first and last name below. For more information, please click the "Help" button.
Lilac
Wysteria
Forsythia
Someone outside of the home.
Add Another?
Does Rose have another checking/saving accounts?
Yes
Back Save & Exit Next
Use this area to indicate if an asset is co-owned.

Review of Liquid Assets

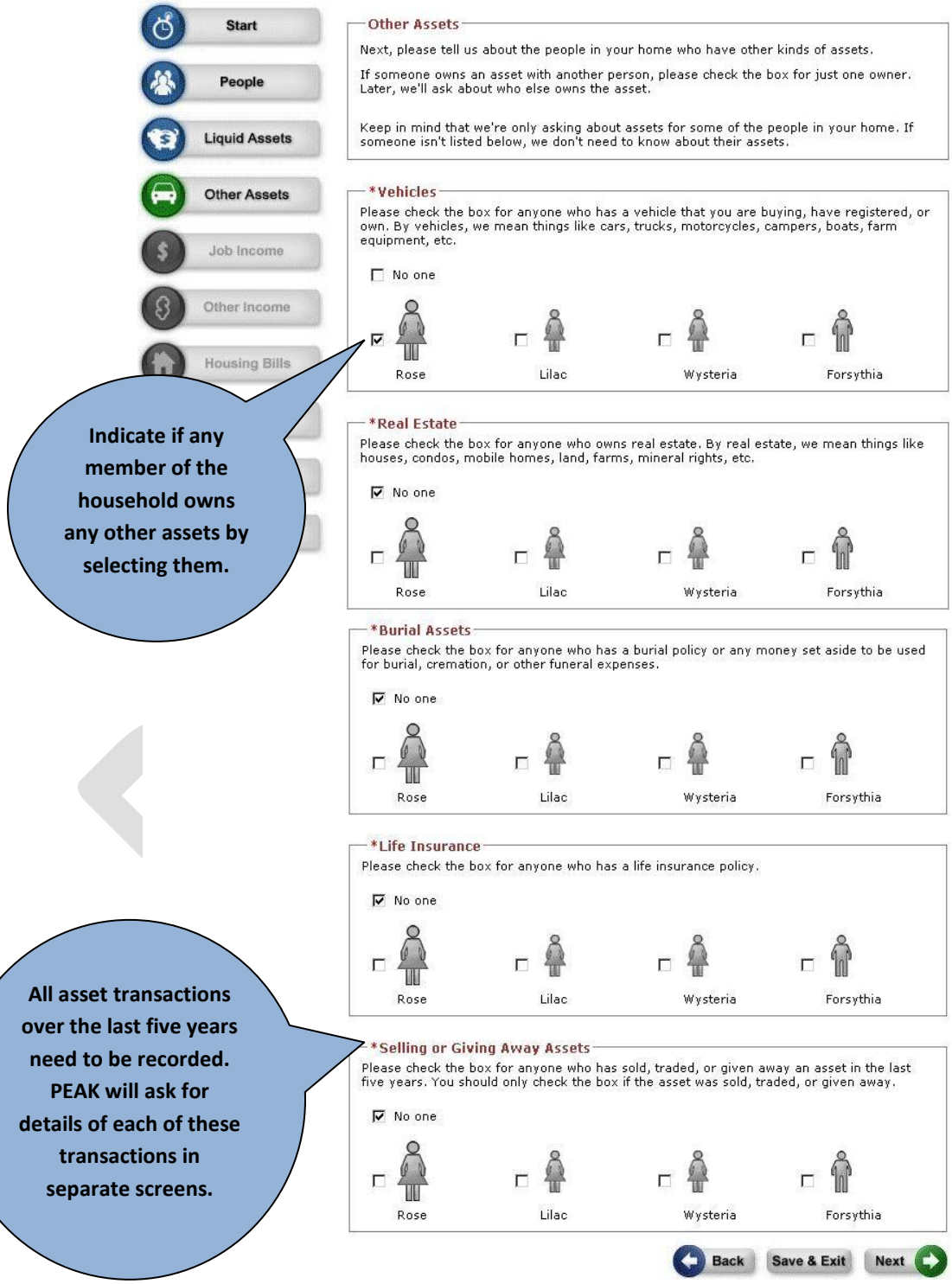
Before proceeding to the next section of the application, PEAK will ask you to review the answers given in the Liquid Asset section of the application. Make any changes using the *"Change"* link in each table.


COLORADO
PEAK
Program Eligibility and Application Kit
Colorado.gov Colorado Dept. of Human Services Colorado Dept. of Health Care Policy and Financing Accessibility
Print
Help
36% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Liquid Assets Summary
Here is a summary of what you've told us. If you would like to change your answers to any of the fields in this section, whether they are shown on this summary screen or not, or finish a section, click on "Change" or "Add." If you would like to remove something, click on "Erase."
Review Your Answers: Other Liquid Assets
Owner
Type
Amount
Bank / Company
Other Owners
Change or Erase
You've told us that no one we asked about has any other liquid assets.
Add a Liquid Asset
To add a liquid asset, please choose the name of the owner and the asset type. Then click the "Add" button.
Name:
< click here to choose
Type:
< click here to choose >
Add
Review Your Answers: Cash
Who Has It
Amount
Change or Erase
Rose
$ 100
Change or Erase
Add a Person Who Has Cash
To add a person in your household who has cash, please choose their name. Then click the "Add" button.
Name:
< click here to choose
Add
Review Your Answers: Checking/Savings Account
Owner
Amount
Bank / Company
Other Owners
Change or Erase
Rose
$ 200
Maple Tree Bank
Change or Erase
Add a Checking/Savings Account
To add a checking/savings account, please choose the name of the owner and then click the "Add" button.
Name:
< click here to choose
Add
Back
Save & Exit
Next
Colorado.gov | Colorado Dept. of Human Services | Colorado Dept. of Health Care Policy and Financing | Accessibility

Completing Other Assets

Defining Other Assets

Other Assets are defined as any vehicles (cars, trucks, motorcycles, etc.), real estate (houses, condominiums, mobile homes, land, farms, and mineral rights), burial funds, or life insurance policies that are owned by members of the household.

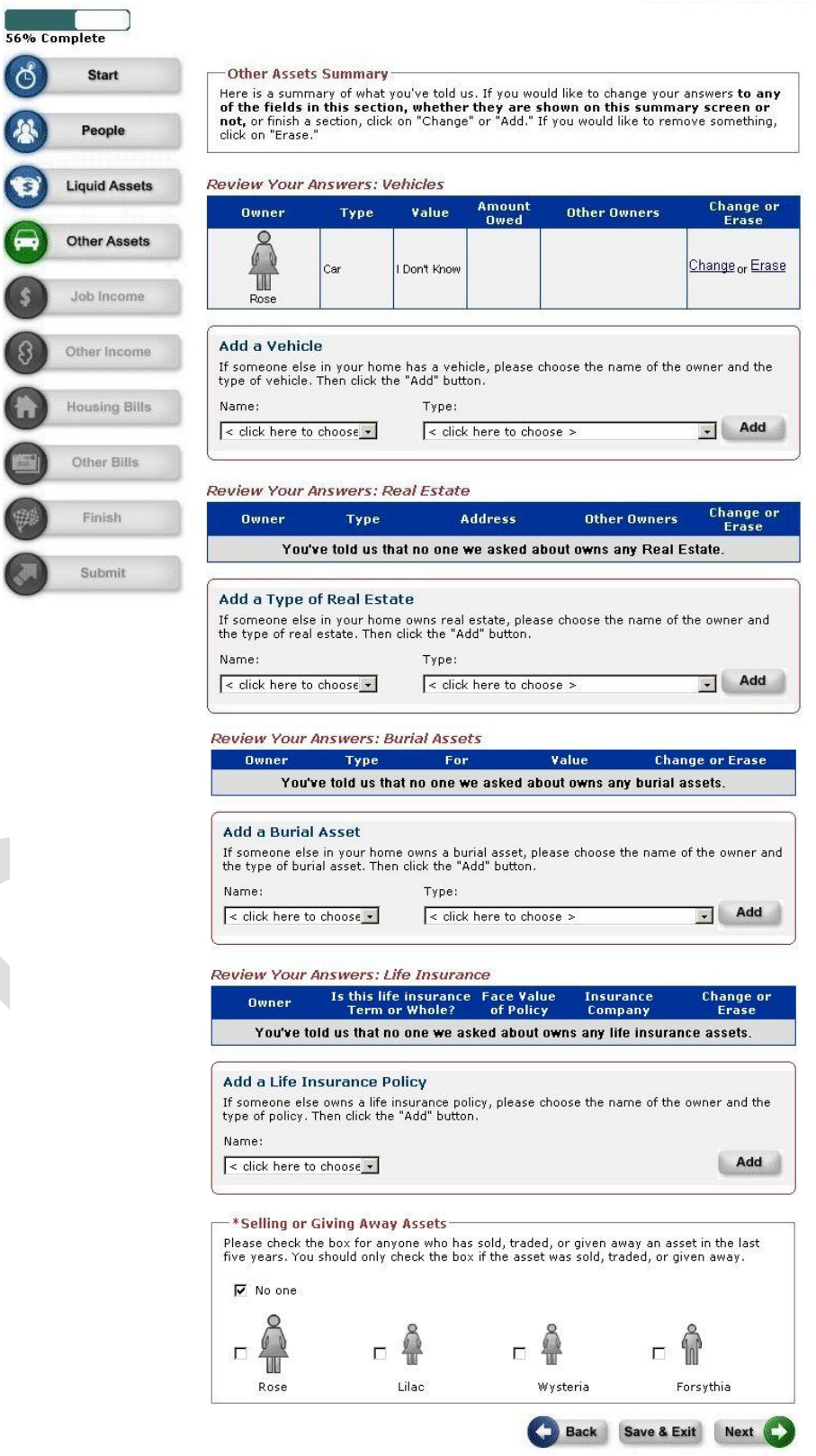

Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Assets
Next, please tell us about the people in your home who have other kinds of assets.
If someone owns an asset with another person, please check the box for just one owner. Later, we'll ask about who else owns the asset.
Keep in mind that we're only asking about assets for some of the people in your home. If someone isn't listed below, we don't need to know about their assets.
*Vehicles
Please check the box for anyone who has a vehicle that you are buying, have registered, or own. By vehicles, we mean things like cars, trucks, motorcycles, campers, boats, farm equipment, etc.
No one
Rose
Lilac
Wysteria
Forsythia
*Real Estate
Please check the box for anyone who owns real estate. By real estate, we mean things like houses, condos, mobile homes, land, farms, mineral rights, etc.
No one
Rose
Lilac
Wysteria
Forsythia
*Burial Assets
Please check the box for anyone who has a burial policy or any money set aside to be used for burial, cremation, or other funeral expenses.
No one
Rose
Lilac
Wysteria
Forsythia
*Life Insurance
Please check the box for anyone who has a life insurance policy.
No one
Rose
Lilac
Wysteria
Forsythia
*Selling or Giving Away Assets
Please check the box for anyone who has sold, traded, or given away an asset in the last five years. You should only check the box if the asset was sold, traded, or given away.
No one
Rose
Lilac
Wysteria
Forsythia
Back
Save & Exit
Next
Indicate if any member of the household owns any other assets by selecting them.
All asset transactions over the last five years need to be recorded. PEAK will ask for details of each of these transactions in separate screens.

If any other assets are owned, PEAK will ask for further details on what is owned and the value of those assets.

COLORADO
PEAK
Program Eligibility and Application Kit
Colorado.gov Colorado Dept. of Human Services Colorado Dept. of Health Care Policy and Financing Accessibility
Print Help
39% Complete
Start
People
Liquid Assets
Other Assets
Vehicles
Next, please check all boxes that apply to tell us which types of vehicles each person is buying, has registered, or owns. Keep in mind that if an asset has more than one own only need to tell us about that asset once.
Rose's Vehicles
Truck/SUV
Recreational Vehicle
Car
None
Van
Tractor
Back Save & Exit Next
The "Truck/SUV" category includes all types of trucks (pick-up, flatbed, semi, etc.)
Indicate if any member of the household owns any other assets by selecting them.
Print Help
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
More About Rose's Car
Please tell us a little bit more about Rose's Car.
Year 1999
Make Ford
Model Escort
Is this car registered? Yes No
What is the primary use of the vechicle?
To get to work or training or for job search
How much is Rose's Car worth? $
I Don't Know
How much does Rose owe on this Car? $ 0.00
I Don't Know
Other Owners
Please check all boxes that apply for anyone who owns the Car with Rose.
If the joint owner does not live in your home, please select the 'someone outside of the home' checkbox and enter their first and last name below. For more information, please click the "Help" button.
Lilac
Wysteria
Forsythia
Someone outside of the home.
Add Another?
Does Rose have another Car? Yes No
Back Save & Exit Next

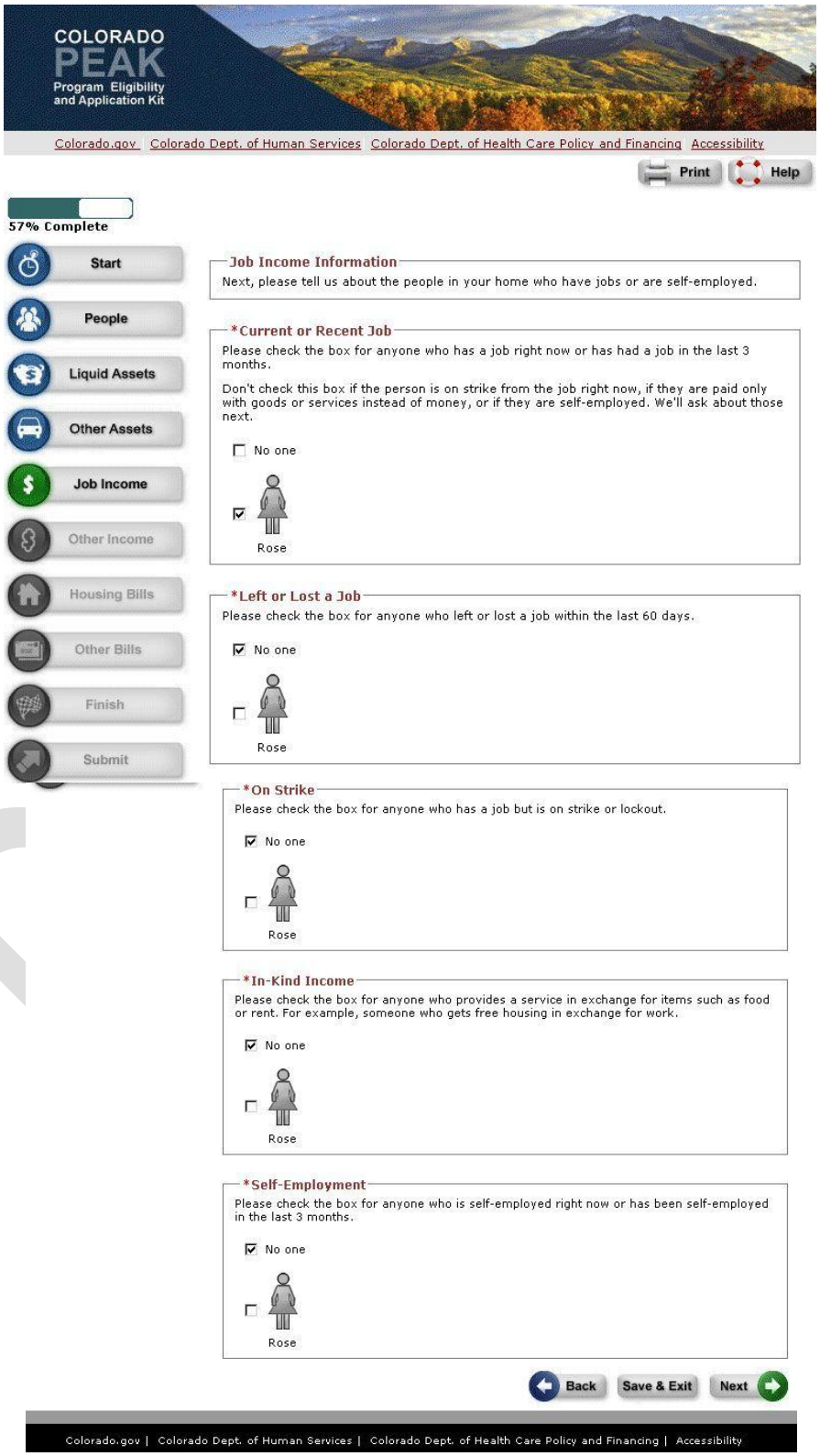
Review of Other Assets

Once the Other Assets section is complete, you will be asked to review the information provided and have the opportunity to make any changes.


56% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Other Assets Summary
Here is a summary of what you've told us. If you would like to change your answers to any of the fields in this section, whether they are shown on this summary screen or not, or finish a section, click on "Change" or "Add." If you would like to remove something, click on "Erase."
Review Your Answers: Vehicles
Owner
Type
Value
Amount Owed
Other Owners
Change or Erase
Rose
Car
I Don't Know
Change or Erase
Add a Vehicle
If someone else in your home has a vehicle, please choose the name of the owner and the type of vehicle. Then click the "Add" button.
Name:
< click here to choose
Type:
< click here to choose >
Add
Review Your Answers: Real Estate
Owner
Type
Address
Other Owners
Change or Erase
You've told us that no one we asked about owns any Real Estate.
Add a Type of Real Estate
If someone else in your home owns real estate, please choose the name of the owner and the type of real estate. Then click the "Add" button.
Name:
< click here to choose
Type:
< click here to choose >
Add
Review Your Answers: Burial Assets
Owner
Type
For
Value
Change or Erase
You've told us that no one we asked about owns any burial assets.
Add a Burial Asset
If someone else in your home owns a burial asset, please choose the name of the owner and the type of burial asset. Then click the "Add" button.
Name:
< click here to choose
Type:
< click here to choose >
Add
Review Your Answers: Life Insurance
Owner
Is this life insurance Term or Whole?
Face Value of Policy
Insurance Company
Change or Erase
You've told us that no one we asked about owns any life insurance assets.
Add a Life Insurance Policy
If someone else owns a life insurance policy, please choose the name of the owner and the type of policy. Then click the "Add" button.
Name:
< click here to choose
Add
*Selling or Giving Away Assets
Please check the box for anyone who has sold, traded, or given away an asset in the last five years. You should only check the box if the asset was sold, traded, or given away.
No one
Rose
Lilac
Wysteria
Forsythia
Back
Save & Exit
Next

Completing Job Income Information

Indicate where the household receives its income. PEAK will ask for details on each form of income indicated in the application.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Accessibility
Print
Help
57% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Job Income Information
Next, please tell us about the people in your home who have jobs or are self-employed.
*Current or Recent Job
Please check the box for anyone who has a job right now or has had a job in the last 3 months.
Don't check this box if the person is on strike from the job right now, if they are paid only with goods or services instead of money, or if they are self-employed. We'll ask about those next.
No one
Rose
*Left or Lost a Job
Please check the box for anyone who left or lost a job within the last 60 days.
No one
Rose
*On Strike
Please check the box for anyone who has a job but is on strike or lockout.
No one
Rose
*In-Kind Income
Please check the box for anyone who provides a service in exchange for items such as food or rent. For example, someone who gets free housing in exchange for work.
No one
Rose
*Self-Employment
Please check the box for anyone who is self-employed right now or has been self-employed in the last 3 months.
No one
Rose
Back
Save & Exit
Next
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Program Eligibility
and Application Kit
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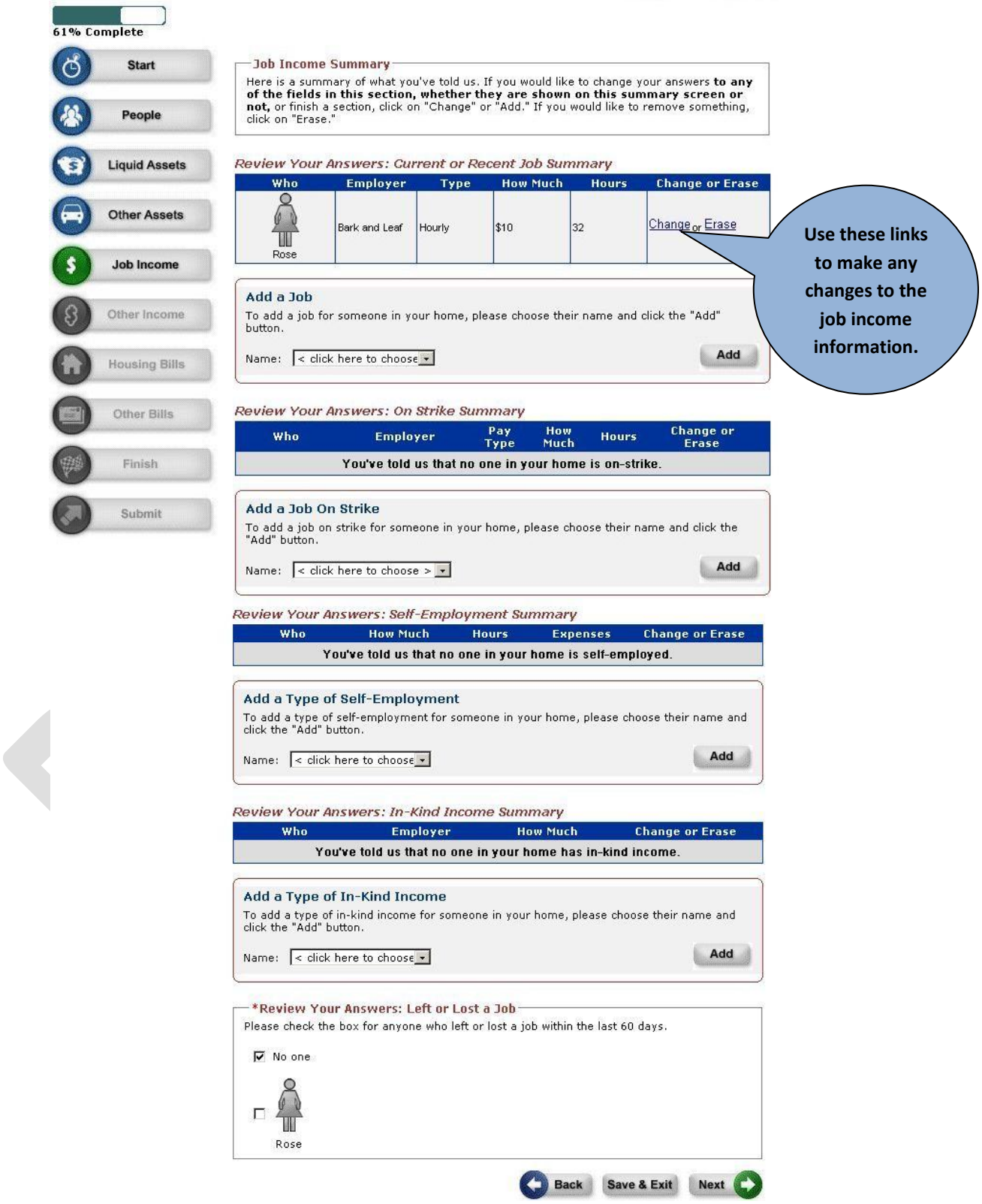
Colorado Dept. of Health Care Policy and Financing
Accessibility
Print
Help
59% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
More About Rose's Job
You've told us that Rose has a job or has had a job in the last 3 months. Please answer the questions below to tell us more about this job.
Employer
* Name of Employer : Bark and Leaf
Address : 0987 Vibernum Lane
Address Line 2 :
City : Boulder
State : Colorado
Zip Code : 80302
Employer Phone : - -
When did Rose start this job? 01/12/2007
Job End
If this job recently ended or is going to end, please tell us the end date of the job.
What is the end date of this job?
When was the last paycheck check received from Rose's job?
Pay Period
How often does Rose get paid? This is Rose's pay period. Weekly
When was the most recent paycheck received? 04/02/2010
Hourly Pay
If Rose gets paid by the hour, please tell us the amount that Rose gets paid each hour. (Please give us Rose's regular rate of pay. We'll ask about overtime and other kinds of pay below.) $ 10.00
Please tell us how many hours Rose works each week at this rate. If Rose's hours are not regular, try to estimate the number of hours he or she usually works at this hourly rate. 32
Salary Pay
Please tell us the total gross pay that Rose gets paid each pay period. By gross pay, we mean the amount Rose earns before taxes or anything else is taken out of the paycheck. By pay period, we mean the time between each paycheck. $
Additional Pay
If Rose gets any additional pay, such as overtime, holiday, shift or weekend pay, please tell us the type of pay Rose earns, the hourly rate, and how many hours per week at this rate. If Rose's hours are not regular, try to estimate the number of hours he or she usually works at this rate of pay.
Type of pay < click here to choose > Hourly rate $ Hours per week
Type of pay < click here to choose > Hourly rate $ Hours per week
Type of pay < click here to choose > Hourly rate $ Hours per week
Type of pay < click here to choose > Hourly rate $ Hours per week
Tip, Bonus or Commission Pay
If Rose gets any other pay, such as tip, bonus or commission pay, please tell us the type of pay Rose earns and the amount per week. If the amount is not regular, try to estimate the average amount that Rose gets.
Type of pay < click here to choose > Amount per week $
Type of pay < click here to choose > Amount per week $
Type of pay < click here to choose > Amount per week $
Does Rose have any other jobs? Yes No

Complete the job income details for each job that the client may have.

Make sure to use Gross Income (pre-tax amount) in this field.

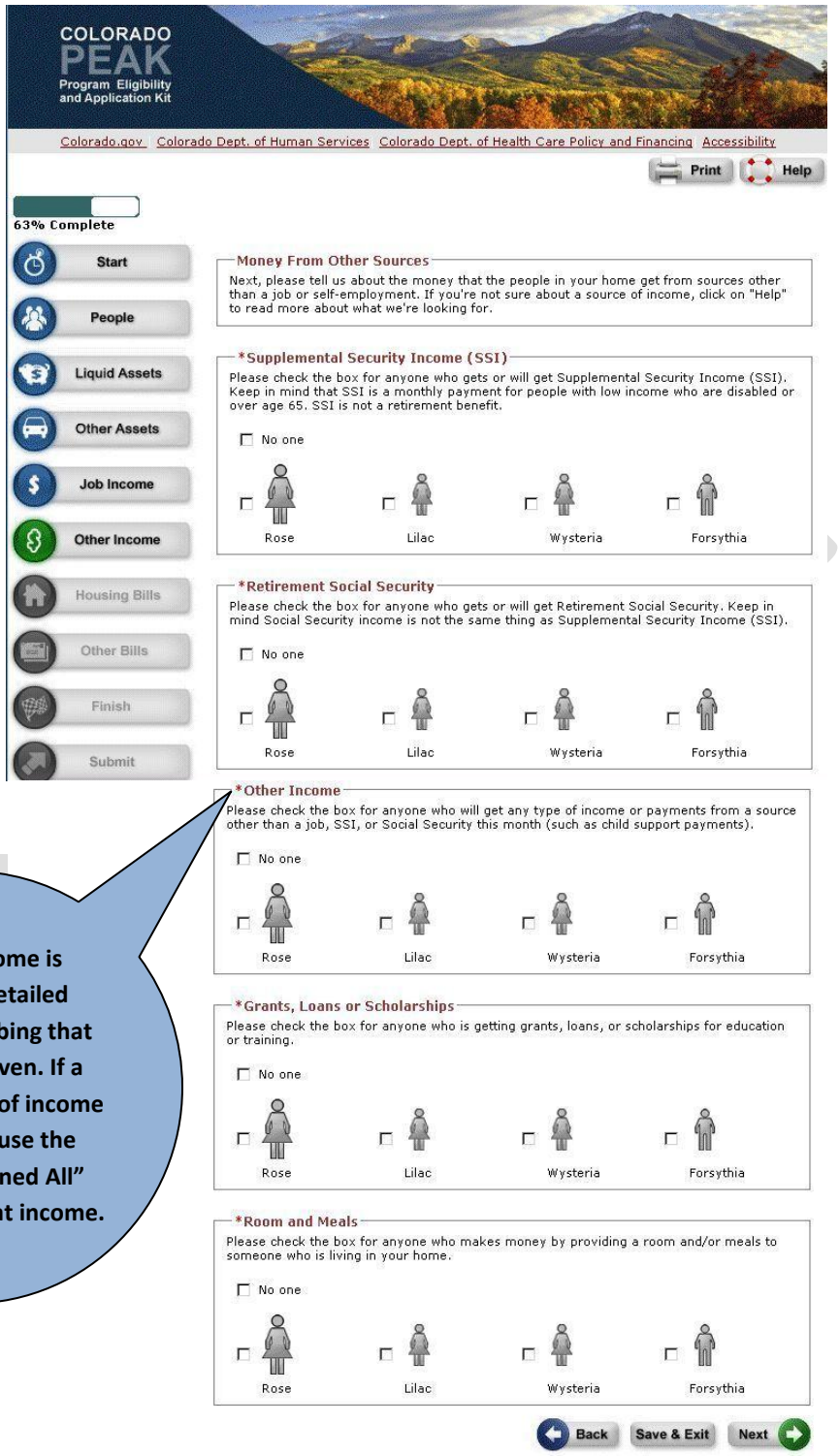
Review of Job Income

Once the Job Income section is complete, you will be asked to review the information provided and have the opportunity to make any changes.


61% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Job Income Summary
Here is a summary of what you've told us. If you would like to change your answers to any of the fields in this section, whether they are shown on this summary screen or not, or finish a section, click on "Change" or "Add." If you would like to remove something, click on "Erase."
Review Your Answers: Current or Recent Job Summary
Who
Employer
Type
How Much
Hours
Change or Erase
Rose
Bark and Leaf
Hourly
$10
32
Change or Erase
Use these links to make any changes to the job income information.
Add a Job
To add a job for someone in your home, please choose their name and click the "Add" button.
Name: < click here to choose
Add
Review Your Answers: On Strike Summary
Who
Employer
Pay Type
How Much
Hours
Change or Erase
You've told us that no one in your home is on-strike.
Add a Job On Strike
To add a job on strike for someone in your home, please choose their name and click the "Add" button.
Name: < click here to choose >
Add
Review Your Answers: Self-Employment Summary
Who
How Much
Hours
Expenses
Change or Erase
You've told us that no one in your home is self-employed.
Add a Type of Self-Employment
To add a type of self-employment for someone in your home, please choose their name and click the "Add" button.
Name: < click here to choose
Add
Review Your Answers: In-Kind Income Summary
Who
Employer
How Much
Change or Erase
You've told us that no one in your home has in-kind income.
Add a Type of In-Kind Income
To add a type of in-kind income for someone in your home, please choose their name and click the "Add" button.
Name: < click here to choose
Add
*Review Your Answers: Left or Lost a Job
Please check the box for anyone who left or lost a job within the last 60 days.
No one
Rose
Back
Save & Exit
Next

Completing Other Income Information

In this section, indicate if the household receives any other income from sources that are not job related.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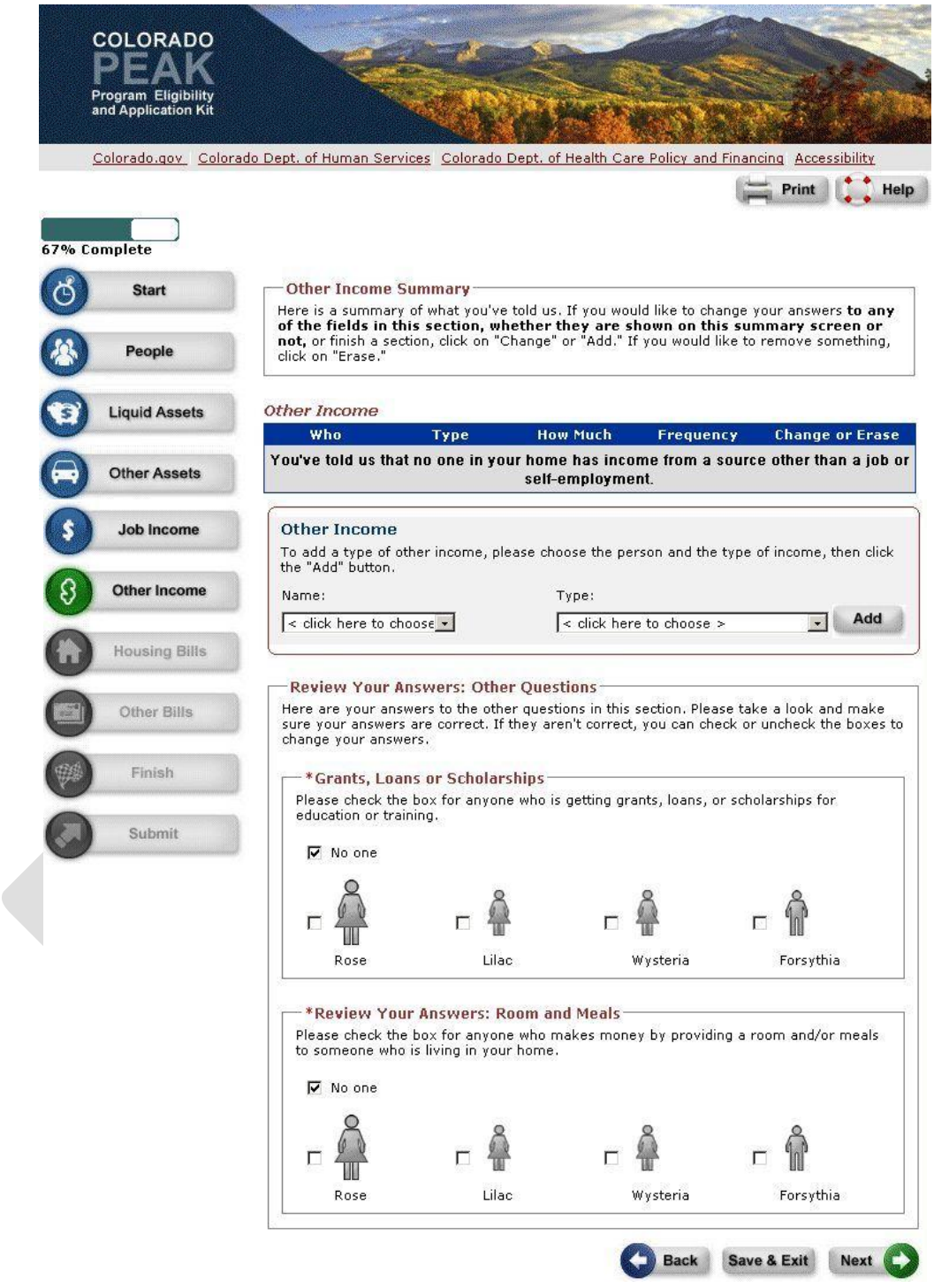
Accessibility
Print
Help
63% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Money From Other Sources
Next, please tell us about the money that the people in your home get from sources other than a job or self-employment. If you're not sure about a source of income, click on "Help" to read more about what we're looking for.
*Supplemental Security Income (SSI)
Please check the box for anyone who gets or will get Supplemental Security Income (SSI). Keep in mind that SSI is a monthly payment for people with low income who are disabled or over age 65. SSI is not a retirement benefit.
No one
Rose
Lilac
Wysteria
Forsythia
*Retirement Social Security
Please check the box for anyone who gets or will get Retirement Social Security. Keep in mind Social Security income is not the same thing as Supplemental Security Income (SSI).
No one
Rose
Lilac
Wysteria
Forsythia
*Other Income
Please check the box for anyone who will get any type of income or payments from a source other than a job, SSI, or Social Security this month (such as child support payments).
No one
Rose
Lilac
Wysteria
Forsythia
*Grants, Loans or Scholarships
Please check the box for anyone who is getting grants, loans, or scholarships for education or training.
No one
Rose
Lilac
Wysteria
Forsythia
*Room and Meals
Please check the box for anyone who makes money by providing a room and/or meals to someone who is living in your home.
No one
Rose
Lilac
Wysteria
Forsythia
Back
Save & Exit
Next

If other income is indicated, detailed options describing that income are given. If a particular type of income is not listed, use the "Other Unearned All" category for that income.

Review of Other Income

Review the information provided in the Other Income section and make adjustments as necessary.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Accessibility
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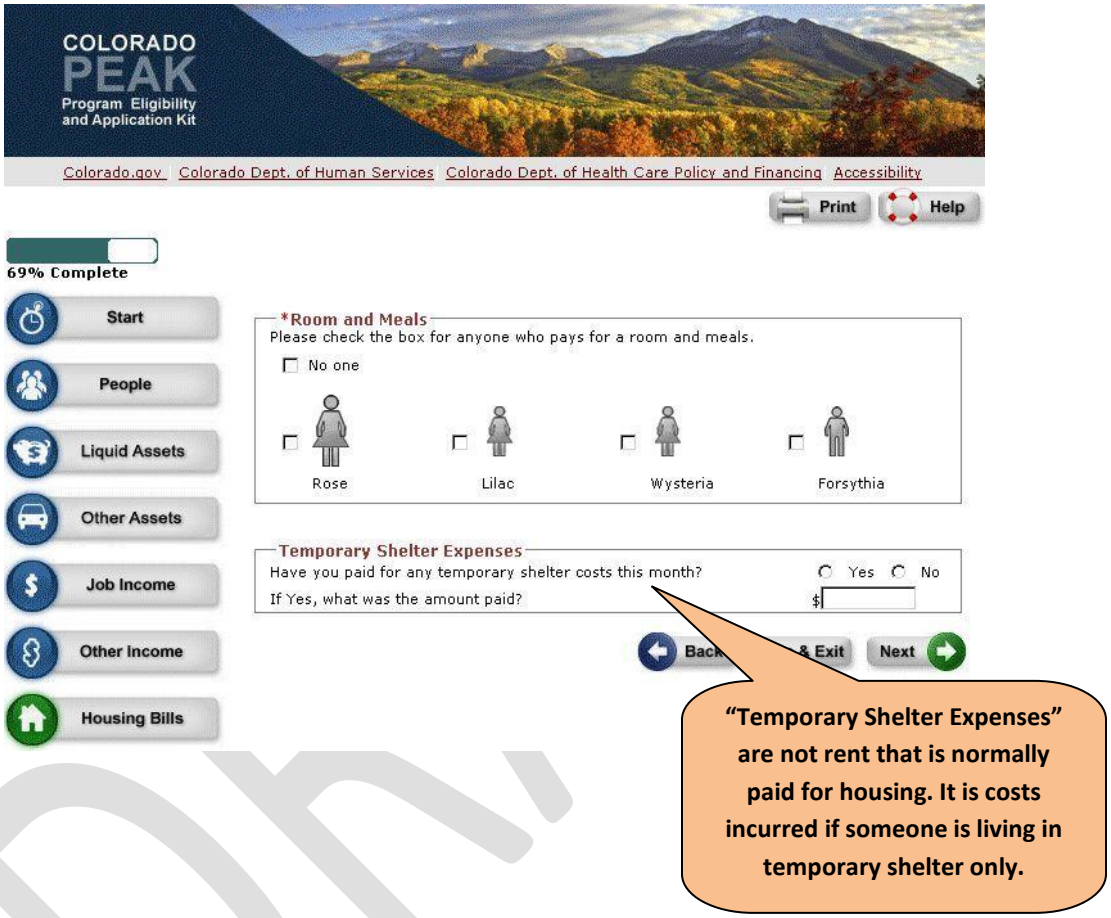
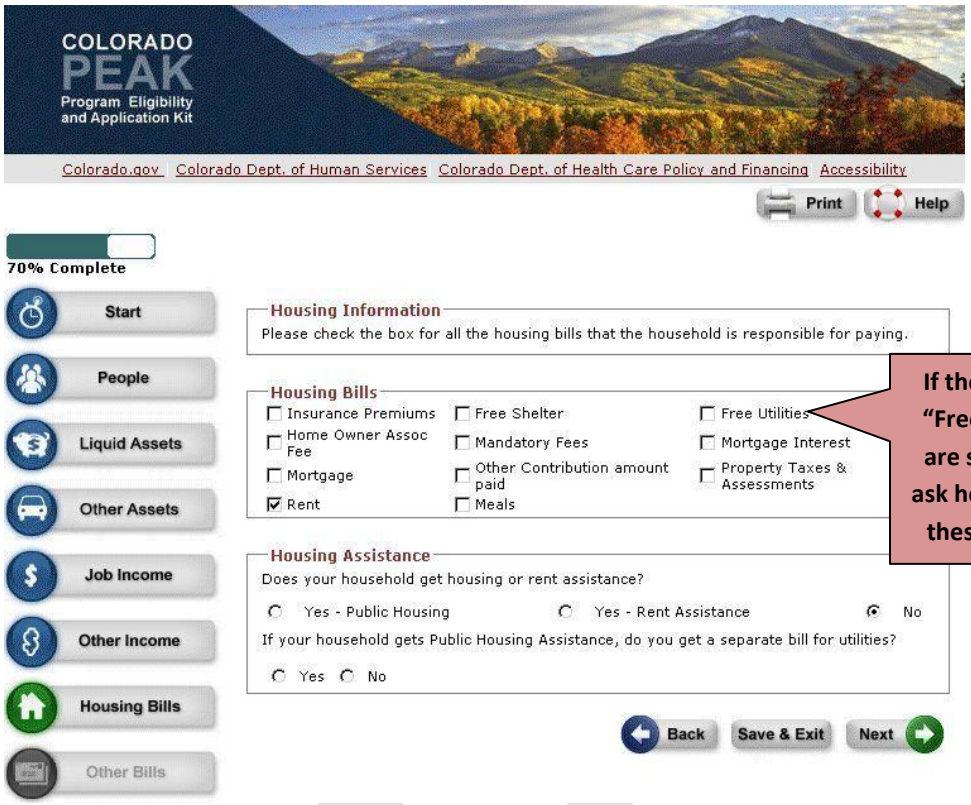
Help
67% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Other Income Summary
Here is a summary of what you've told us. If you would like to change your answers to any of the fields in this section, whether they are shown on this summary screen or not, or finish a section, click on "Change" or "Add." If you would like to remove something, click on "Erase."
Other Income
Who
Type
How Much
Frequency
Change or Erase
You've told us that no one in your home has income from a source other than a job or self-employment.
Other Income
To add a type of other income, please choose the person and the type of income, then click the "Add" button.
Name:
< click here to choose
Type:
< click here to choose >
Add
Review Your Answers: Other Questions
Here are your answers to the other questions in this section. Please take a look and make sure your answers are correct. If they aren't correct, you can check or uncheck the boxes to change your answers.
*Grants, Loans or Scholarships
Please check the box for anyone who is getting grants, loans, or scholarships for education or training.
No one
Rose
Lilac
Wysteria
Forsythia
*Review Your Answers: Room and Meals
Please check the box for anyone who makes money by providing a room and/or meals to someone who is living in your home.
No one
Rose
Lilac
Wysteria
Forsythia
Back
Save & Exit
Next

Completing Housing Bills Information

When completing the Housing Bills information, it is important to capture all of the expenses that a client may be spending on shelter. Colorado PEAK will ask for a breakdown of these costs over a series of screens.

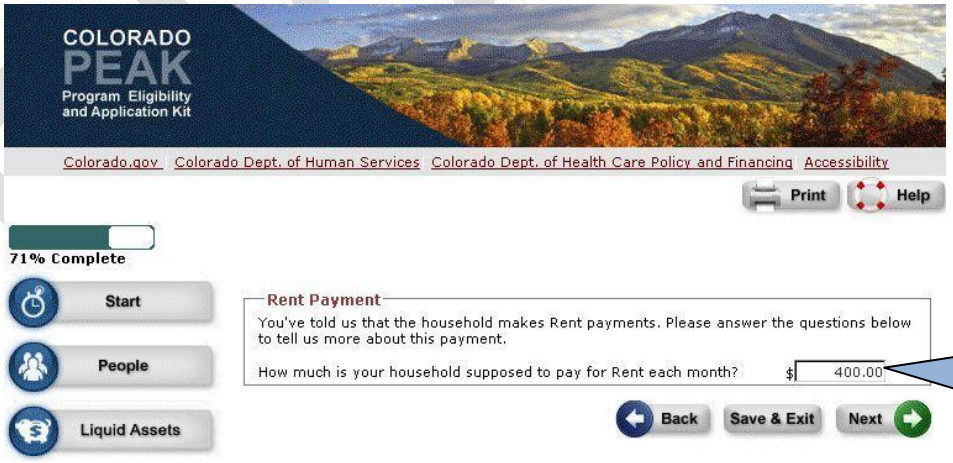
Housing costs include the costs of any utilities that a client may be required pay. PEAK will ask about these costs on separate screens.





If the "Free Shelter" or "Free Utilities" options are selected, PEAK will ask how much is paid for these. This is an error.

NOTE: Enter only the amount of rent paid to the landlord here. If the client pays for utilities separately, do not add those costs into the rent.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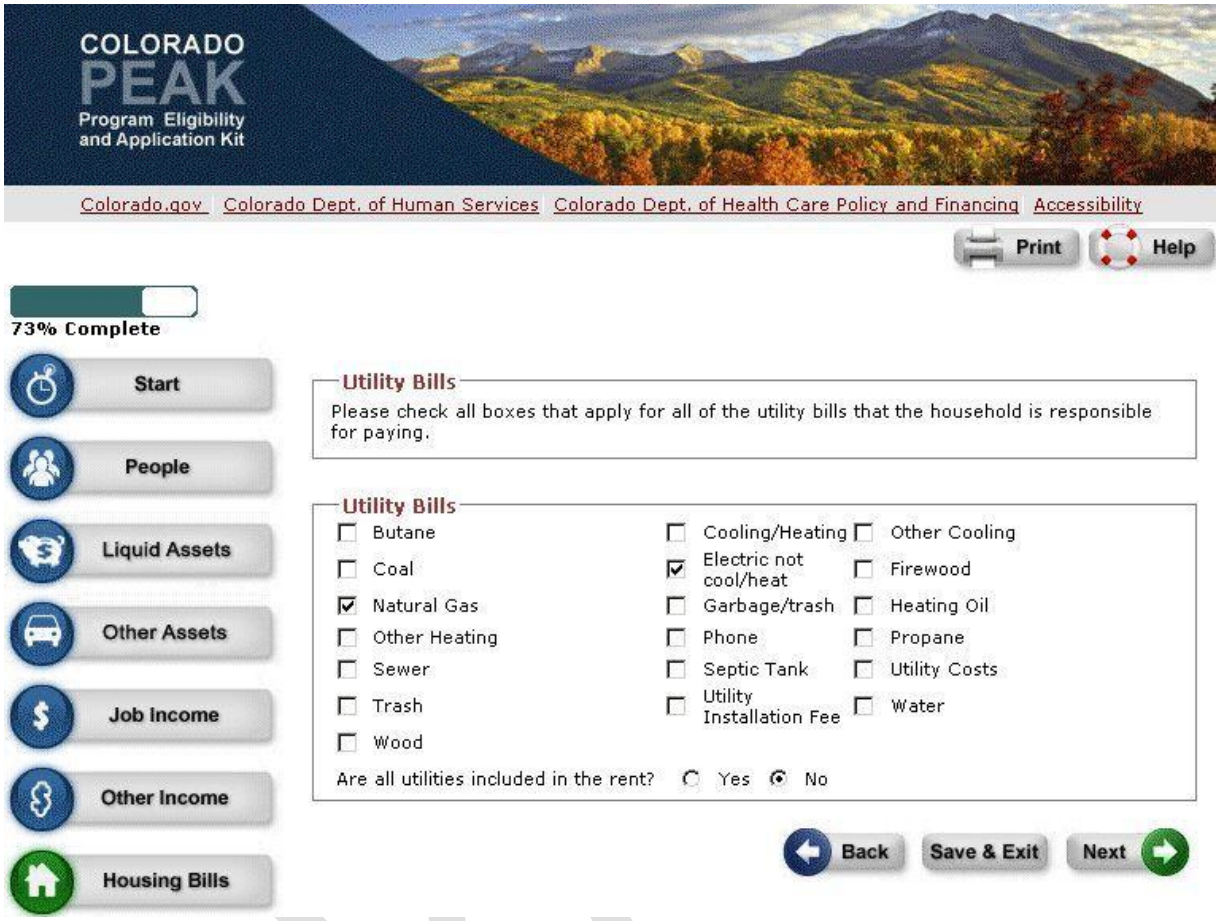
Colorado.gov Colorado Dept. of Human Services Colorado Dept. of Health Care Policy and Financing Accessibility
Print Help
71% Complete
Start
People
Liquid Assets
Rent Payment
You've told us that the household makes Rent payments. Please answer the questions below to tell us more about this payment.
How much is your household supposed to pay for Rent each month?
$ 400.00
Back
Save & Exit
Next

Amount of rent paid to the landlord.

Indicate what utilities the client is responsible for in addition to their rent payment.



DRAFT

Based on the utilities that were checked in the previous screen, PEAK will ask for details regarding the utility bills that the client pays on a monthly basis. Since Rose Bush indicated that she pays for natural gas and electricity, PEAK will only ask for details about those two utility bills.

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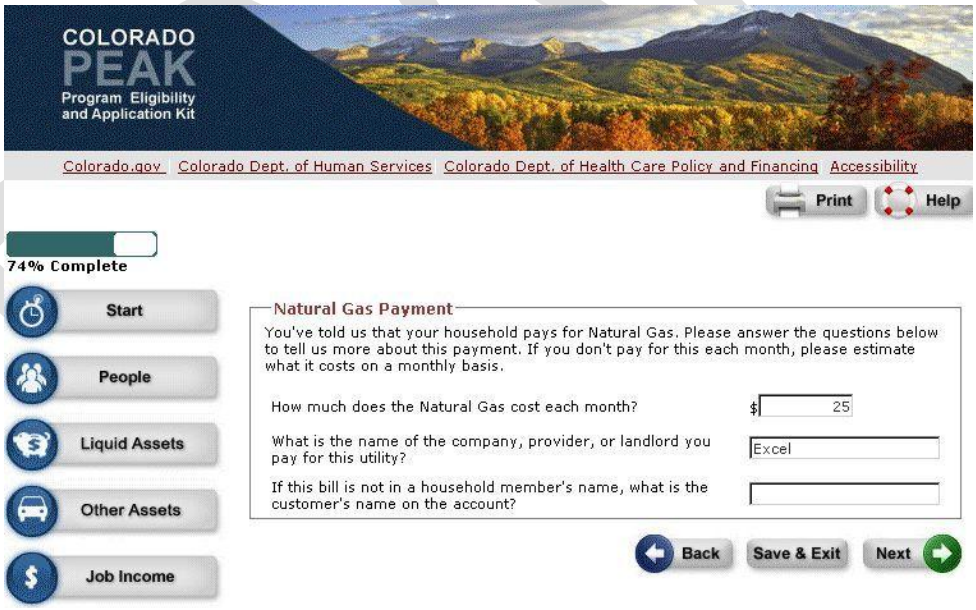
Accessibility
Print
Help
74% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Electric not cool/heat Payment
You've told us that your household pays for Electric not cool/heat. Please answer the questions below to tell us more about this payment. If you don't pay for this each month, please estimate what it costs on a monthly basis.
How much does the Electric not cool/heat cost each month?
$ 25.00
What is the name of the company, provider, or landlord you pay for this utility?
Excel
If this bill is not in a household member's name, what is the customer's name on the account?
Back
Save & Exit
Next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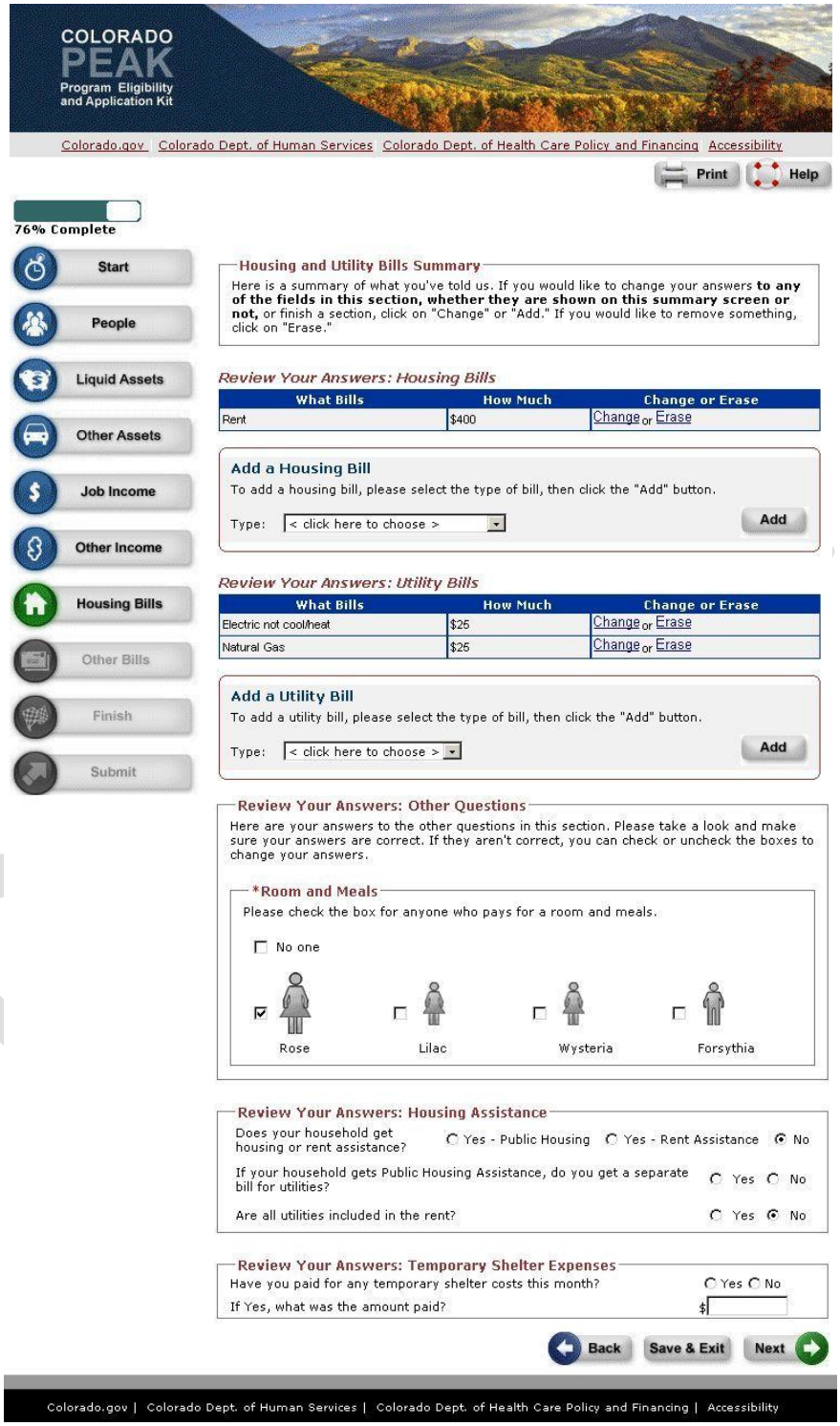
PEAK
Program Eligibility and Application Kit
Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
Print
Help
74% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Natural Gas Payment
You've told us that your household pays for Natural Gas. Please answer the questions below to tell us more about this payment. If you don't pay for this each month, please estimate what it costs on a monthly basis.
How much does the Natural Gas cost each month?
$ 25
What is the name of the company, provider, or landlord you pay for this utility?
Excel
If this bill is not in a household member's name, what is the customer's name on the account?
Back
Save & Exit
Next

Review of Housing Bills

Confirm that all of the housing expenses have been captured accurately and select the *"Next"* button to continue with the application.


COLORADO
PEAK
Program Eligibility and Application Kit
Colorado.gov Colorado Dept. of Human Services Colorado Dept. of Health Care Policy and Financing Accessibility
Print Help
76% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Housing and Utility Bills Summary
Here is a summary of what you've told us. If you would like to change your answers to any of the fields in this section, whether they are shown on this summary screen or not, or finish a section, click on "Change" or "Add." If you would like to remove something, click on "Erase."
Review Your Answers: Housing Bills
What Bills
How Much
Change or Erase
Rent
$400
Change or Erase
Add a Housing Bill
To add a housing bill, please select the type of bill, then click the "Add" button.
Type: < click here to choose >
Add
Review Your Answers: Utility Bills
What Bills
How Much
Change or Erase
Electric not cool/heat
$25
Change or Erase
Natural Gas
$25
Change or Erase
Add a Utility Bill
To add a utility bill, please select the type of bill, then click the "Add" button.
Type: < click here to choose >
Add
Review Your Answers: Other Questions
Here are your answers to the other questions in this section. Please take a look and make sure your answers are correct. If they aren't correct, you can check or uncheck the boxes to change your answers.
*Room and Meals
Please check the box for anyone who pays for a room and meals.
No one
Rose
Lilac
Wysteria
Forsythia
Review Your Answers: Housing Assistance
Does your household get housing or rent assistance?
Yes - Public Housing
Yes - Rent Assistance
No
If your household gets Public Housing Assistance, do you get a separate bill for utilities?
Yes
No
Are all utilities included in the rent?
Yes
No
Review Your Answers: Temporary Shelter Expenses
Have you paid for any temporary shelter costs this month?
Yes
No
If Yes, what was the amount paid?
$
Back
Save & Exit
Next
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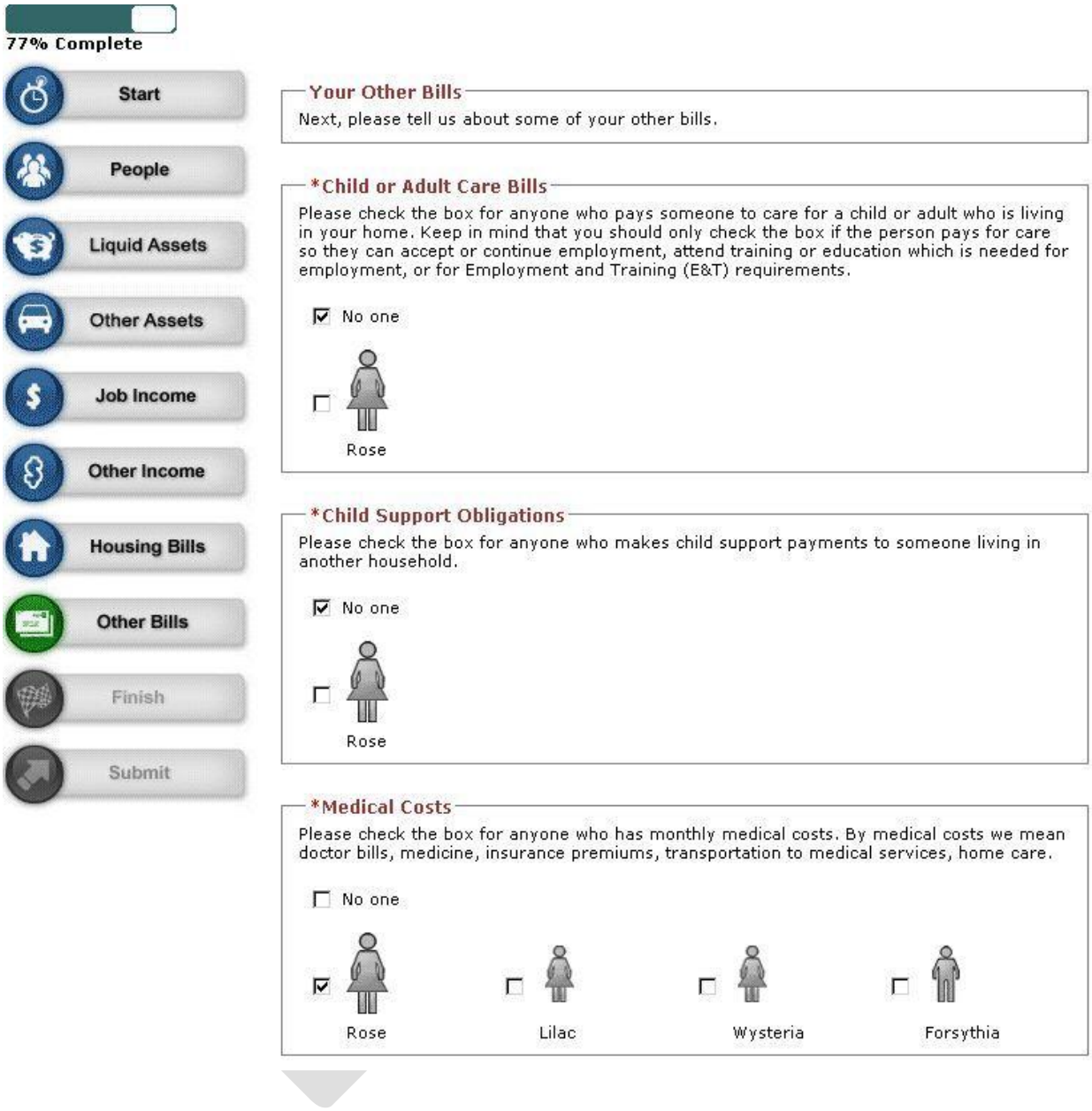
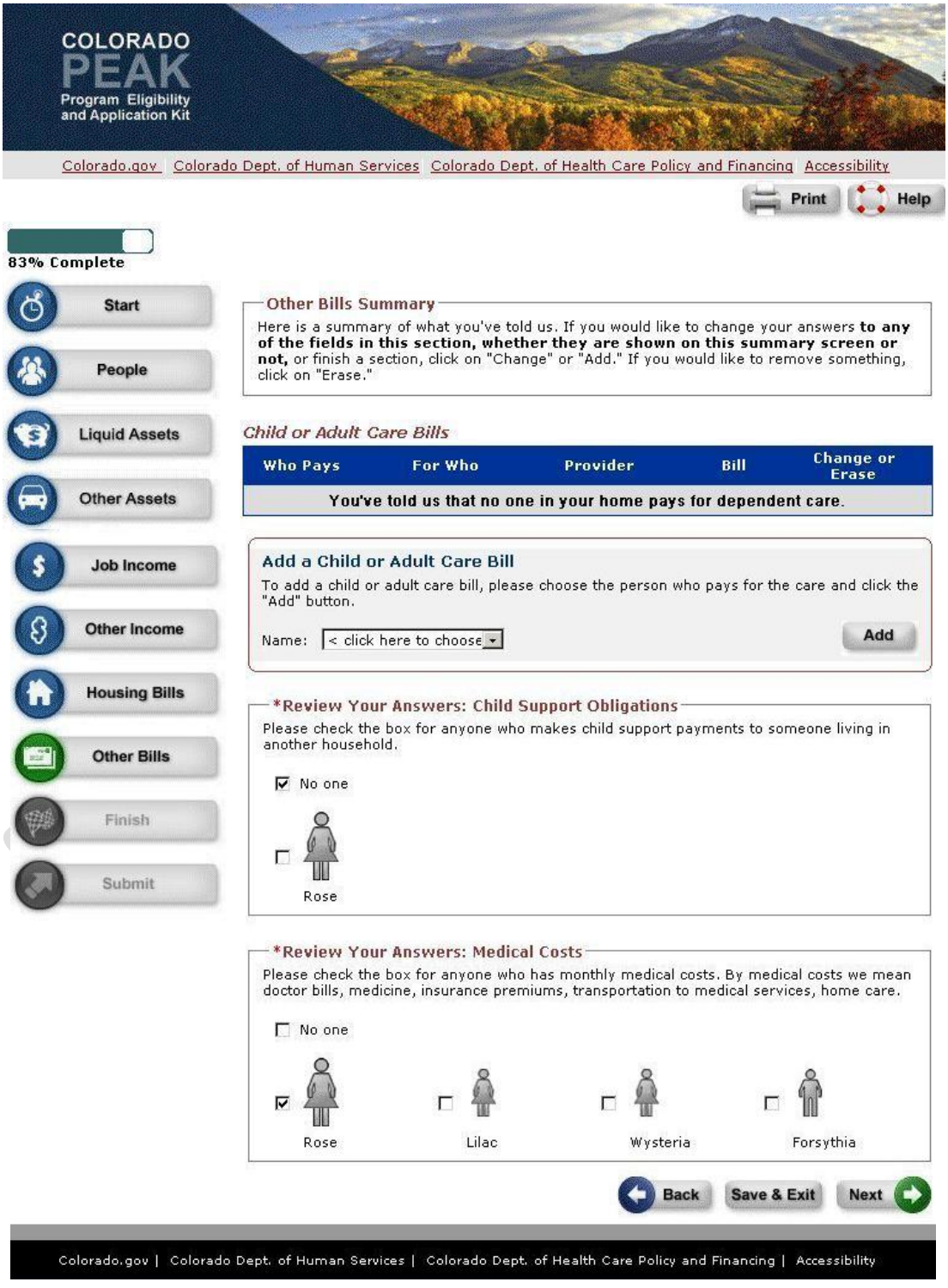
Completing Other Bills Information

If there are other bills that the client is paying relating to care for either a child or an adult, child support that the client must pay out, or monthly medical costs, indicate those expenses here.


77% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Your Other Bills
Next, please tell us about some of your other bills.
*Child or Adult Care Bills
Please check the box for anyone who pays someone to care for a child or adult who is living in your home. Keep in mind that you should only check the box if the person pays for care so they can accept or continue employment, attend training or education which is needed for employment, or for Employment and Training (E&T) requirements.
No one
Rose
*Child Support Obligations
Please check the box for anyone who makes child support payments to someone living in another household.
No one
Rose
*Medical Costs
Please check the box for anyone who has monthly medical costs. By medical costs we mean doctor bills, medicine, insurance premiums, transportation to medical services, home care.
No one
Rose
Lilac
Wysteria
Forsythia

Review of Other Bills

Once the Other Bills information is completed, you will be asked to review the information. If it is correct, use the “Next” button to finish initiating the application. Change any incorrect information by using the links on this screen.


COLORADO
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Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
Print
Help
83% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Other Bills Summary
Here is a summary of what you've told us. If you would like to change your answers to any of the fields in this section, whether they are shown on this summary screen or not, or finish a section, click on "Change" or "Add." If you would like to remove something, click on "Erase."
Child or Adult Care Bills
Who Pays
For Who
Provider
Bill
Change or Erase
You've told us that no one in your home pays for dependent care.
Add a Child or Adult Care Bill
To add a child or adult care bill, please choose the person who pays for the care and click the "Add" button.
Name:
< click here to choose
Add
*Review Your Answers: Child Support Obligations
Please check the box for anyone who makes child support payments to someone living in another household.
No one
Rose
*Review Your Answers: Medical Costs
Please check the box for anyone who has monthly medical costs. By medical costs we mean doctor bills, medicine, insurance premiums, transportation to medical services, home care.
No one
Rose
Lilac
Wysteria
Forsythia
Back
Save & Exit
Next
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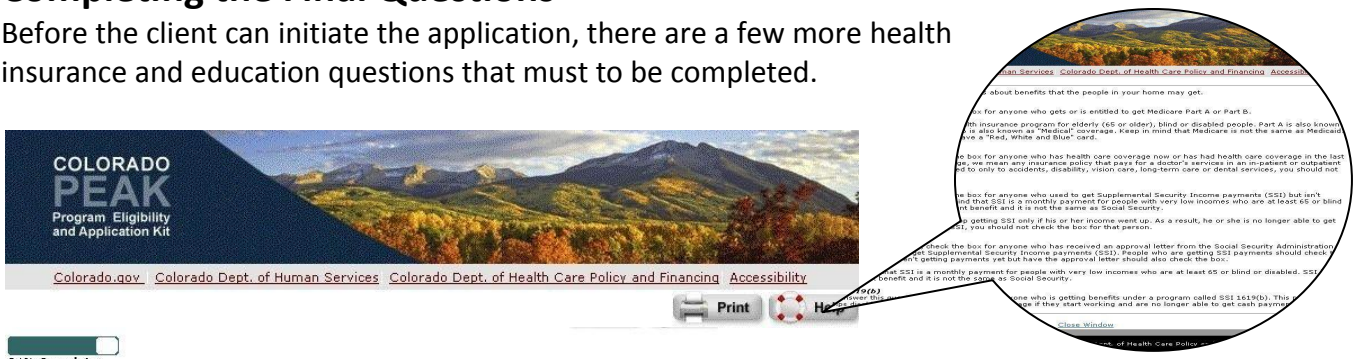
Completing the Final Questions

Before the client can initiate the application, there are a few more health insurance and education questions that must to be completed.



84% Complete

- Start
- People
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Finish
- Submit

Other Information

We're almost done -- just a few more questions about the people in your home.

***Medicare Part A, Part B, or Part D**

Please check the box for anyone who is getting Medicare Part A, Part B, or Part D or who is entitled to Part A, B or D. By entitled, we mean that you are able to get the benefit, even if you aren't actually getting it. To find out more about Medicare Part A, Part B and Part D, please click the "Help" button.

☐ No one

☐ Rose ☐ Lilac ☐ Wysteria ☐ Forsythia

Clicking on the *"Help"* button will explain Medicare eligibility.

***Health Insurance Coverage**

Please check the box for anyone in the household who is covered by a health insurance policy.

☐ No one

☐ Rose ☐ Lilac ☐ Wysteria ☐ Forsythia

***Health Insurance**

Please check the box for anyone who has lost health insurance coverage within the last 3 months.

☐ No one

☐ Rose ☐ Lilac ☐ Wysteria ☐ Forsythia

***Previous SSI Benefits**

Please check the box for anyone who used to get Supplemental Security Income (SSI) but is no longer getting this benefit.

☑ No one

☐ Rose ☐ Lilac ☐ Wysteria ☐ Forsythia

***SSI Letter**

Please check the box for anyone who has received a Supplemental Security Income (SSI) approval letter, even if you haven't actually received a payment.

☑ No one

☐ Rose ☐ Lilac ☐ Wysteria ☐ Forsythia

***SSI 1619(a) or (b)**

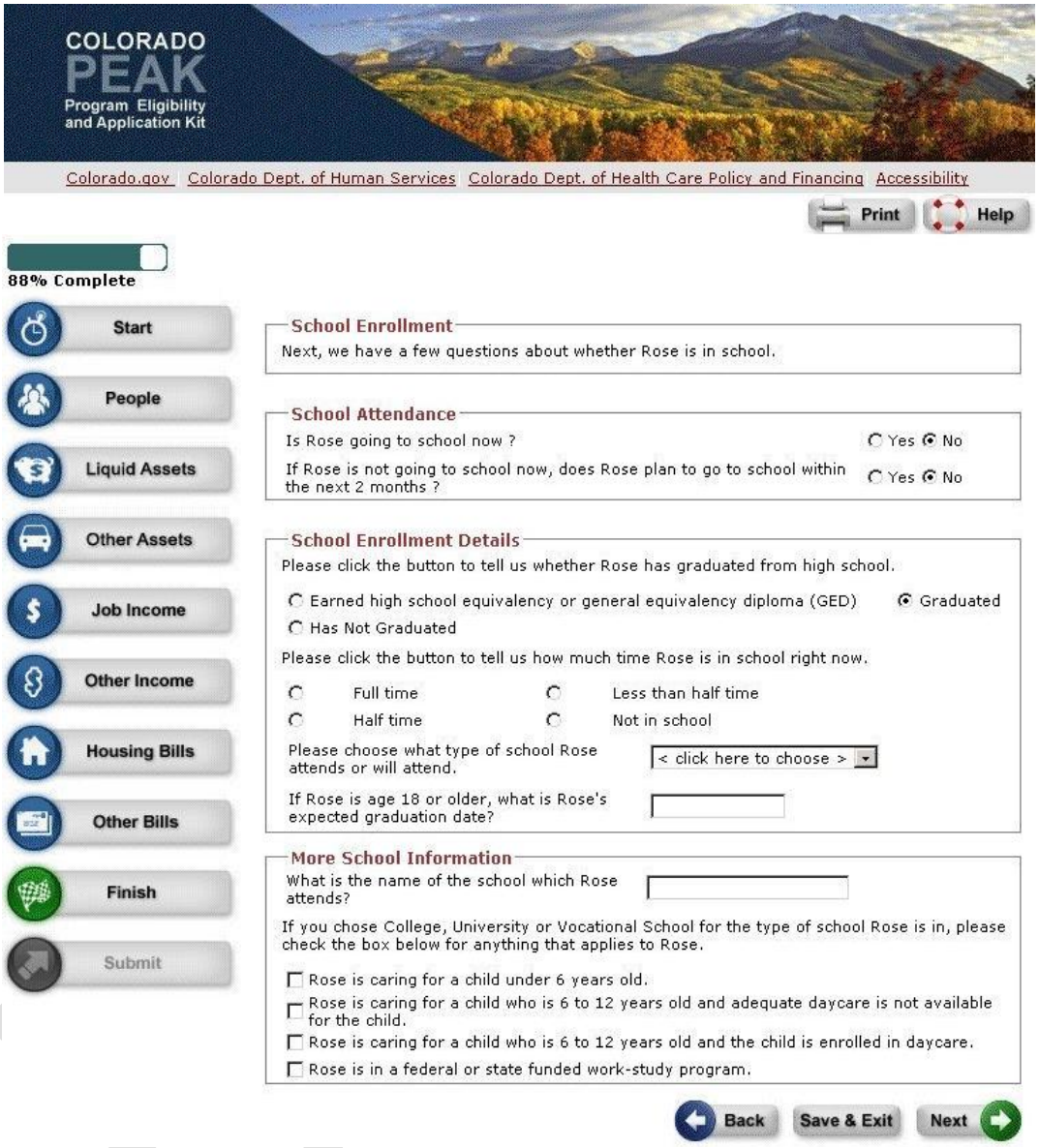
Please check the box for anyone who is getting SSI 1619(a) or (b) benefits. This program helps disabled people keep their health care coverage if they start working and are no longer able to get cash payments from SSI.

☑ No one

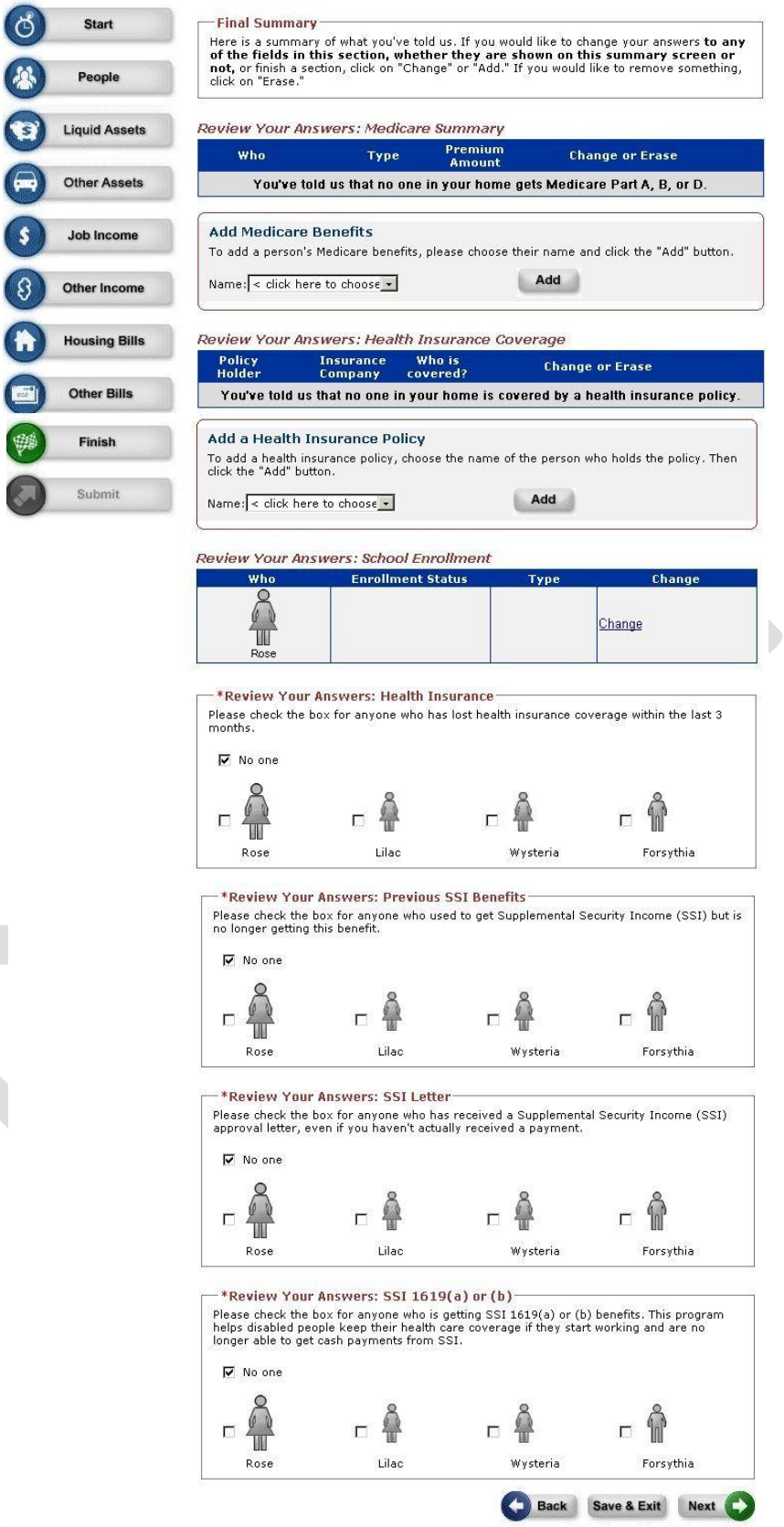
☐ Rose ☐ Lilac ☐ Wysteria ☐ Forsythia

Back Save & Exit Next

Answer the questions about the client's education status.


COLORADO
PEAK
Program Eligibility and Application Kit
Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
Print
Help
88% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
School Enrollment
Next, we have a few questions about whether Rose is in school.
School Attendance
Is Rose going to school now ?
Yes
No
If Rose is not going to school now, does Rose plan to go to school within the next 2 months ?
Yes
No
School Enrollment Details
Please click the button to tell us whether Rose has graduated from high school.
Earned high school equivalency or general equivalency diploma (GED)
Graduated
Has Not Graduated
Please click the button to tell us how much time Rose is in school right now.
Full time
Less than half time
Half time
Not in school
Please choose what type of school Rose attends or will attend.
< click here to choose >
If Rose is age 18 or older, what is Rose's expected graduation date?
More School Information
What is the name of the school which Rose attends?
If you chose College, University or Vocational School for the type of school Rose is in, please check the box below for anything that applies to Rose.
Rose is caring for a child under 6 years old.
Rose is caring for a child who is 6 to 12 years old and adequate daycare is not available for the child.
Rose is caring for a child who is 6 to 12 years old and the child is enrolled in daycare.
Rose is in a federal or state funded work-study program.
Back
Save & Exit
Next

Review of the Final Questions


Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Submit
Final Summary
Here is a summary of what you've told us. If you would like to change your answers to any of the fields in this section, whether they are shown on this summary screen or not, or finish a section, click on "Change" or "Add." If you would like to remove something, click on "Erase."
Review Your Answers: Medicare Summary
Who
Type
Premium Amount
Change or Erase
You've told us that no one in your home gets Medicare Part A, B, or D.
Add Medicare Benefits
To add a person's Medicare benefits, please choose their name and click the "Add" button.
Name: < click here to choose
Add
Review Your Answers: Health Insurance Coverage
Policy Holder
Insurance Company
Who is covered?
Change or Erase
You've told us that no one in your home is covered by a health insurance policy.
Add a Health Insurance Policy
To add a health insurance policy, choose the name of the person who holds the policy. Then click the "Add" button.
Name: < click here to choose
Add
Review Your Answers: School Enrollment
Who
Enrollment Status
Type
Change
Rose
Change
*Review Your Answers: Health Insurance
Please check the box for anyone who has lost health insurance coverage within the last 3 months.
No one
Rose
Lilac
Wysteria
Forsythia
*Review Your Answers: Previous SSI Benefits
Please check the box for anyone who used to get Supplemental Security Income (SSI) but is no longer getting this benefit.
No one
Rose
Lilac
Wysteria
Forsythia
*Review Your Answers: SSI Letter
Please check the box for anyone who has received a Supplemental Security Income (SSI) approval letter, even if you haven't actually received a payment.
No one
Rose
Lilac
Wysteria
Forsythia
*Review Your Answers: SSI 1619(a) or (b)
Please check the box for anyone who is getting SSI 1619(a) or (b) benefits. This program helps disabled people keep their health care coverage if they start working and are no longer able to get cash payments from SSI.
No one
Rose
Lilac
Wysteria
Forsythia
Back
Save & Exit
Next

Completing the Application Initiation

Client Rights and Responsibilities

All applications in Colorado PEAK require a signature before they can be completed. Before signing the application, a client must read the Rights and Responsibilities agreement.

COLORADO
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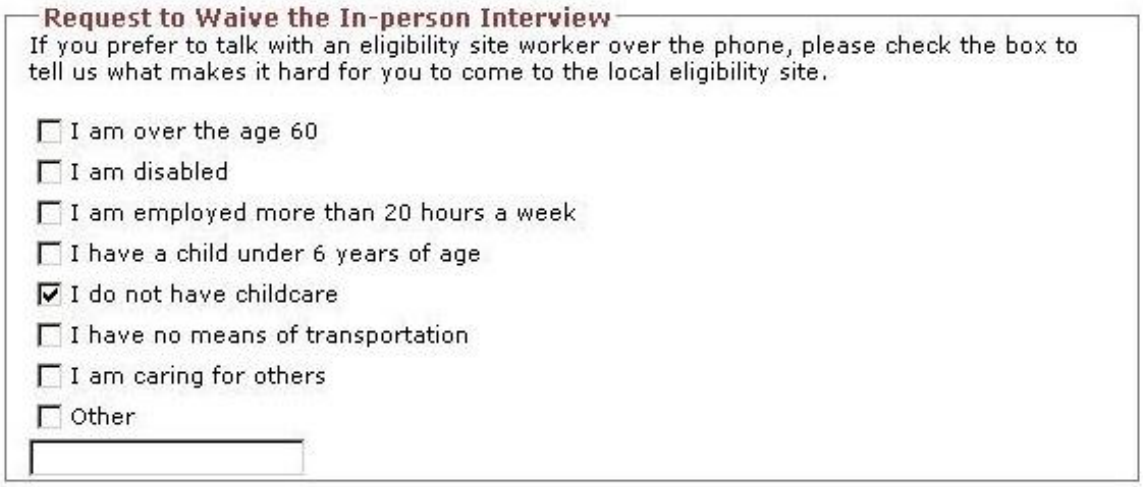
Program Eligibility and Application Kit
Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
Print
Help
97% Complete
Start
People
Liquid Assets
Other Assets
Job Income
Other Income
Housing Bills
Other Bills
Finish
Signing Your Application
You're just a few minutes away from submitting your application. To do so, you'll need to:
Read the Rights and Responsibilities we've listed below.
Check the signature box and type your name below to sign your application.
Rights and Responsibilities
Please read the following information carefully. We also suggest that you print out your application on the next page so you have a copy of this information.
I UNDERSTAND AND AGREE THAT:
It is a crime to lie on this application. Benefits will be denied if any information on this application is found not true or if requested information is left off the application. If any information that I provide is incorrect, my application may be denied and I may be subject to criminal prosecution for knowingly providing incorrect information. For Colorado Works (TANF), medical assistance programs and adult financial cases, I must inform the agency within 10 days of any changes to my case. For Food Assistance, I am required to report changes that are required to be reported within the first ten days of the month that follows the month in which the change occurs.
Use this scroll bar to read the entire "Rights and Responsibilities" statement.

Requesting to Waive the In-Person Interview

Clients are given an explanation of the interview process and asked how they would like to be contacted about the application. At this point, they can request an interpreter if one is necessary for the interview.

Your Interview
In some cases, people who are applying for benefits have an in-person interview with an eligibility site worker. Please keep in mind that if you are applying for cash benefits for a family which includes a dependent child, a face-to-face interview is required. You will be contacted by your local eligibility site with the time and date of your interview.
Please indicate how you would like to be contacted :
Phone
If an interview is necessary and you need an interpreter, please select a language.
English

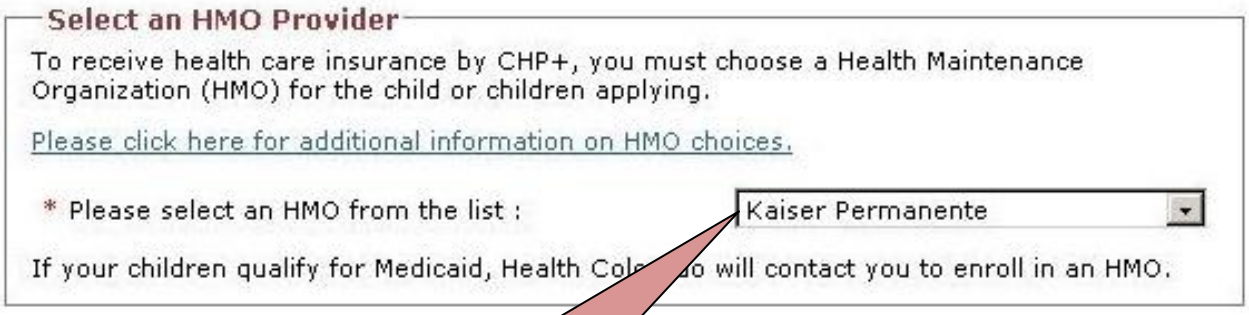
Clients may also ask to be exempt from an in-person interview. They may be eligible to waive the in-person interview if they can prove hardship caused by coming into the county or medical vendor office.


Request to Waive the In-person Interview
If you prefer to talk with an eligibility site worker over the phone, please check the box to tell us what makes it hard for you to come to the local eligibility site.
I am over the age 60
I am disabled
I am employed more than 20 hours a week
I have a child under 6 years of age
I do not have childcare
I have no means of transportation
I am caring for others
Other

Selecting an Health Maintenance Organization

It is important that the client selects a Health Maintenance Organization (HMO). If a client is unsure which HMO to select, choose an option. This decision can be changed later.

NOTE: It is extremely important that any client with children who may qualify for CHP+ select an HMO.


Select an HMO Provider
To receive health care insurance by CHP+, you must choose a Health Maintenance Organization (HMO) for the child or children applying.
Please click here for additional information on HMO choices.
* Please select an HMO from the list :
Kaiser Permanente
If your children qualify for Medicaid, Health Col o will contact you to enroll in an HMO.

Because PEAK does not provide the list of HMOs based on the zip code entered, you may need to help your clients select an HMO. To see an updated list of available HMO options, visit www.colorado.gov/HCPF and select the "Find A Provider" icon.

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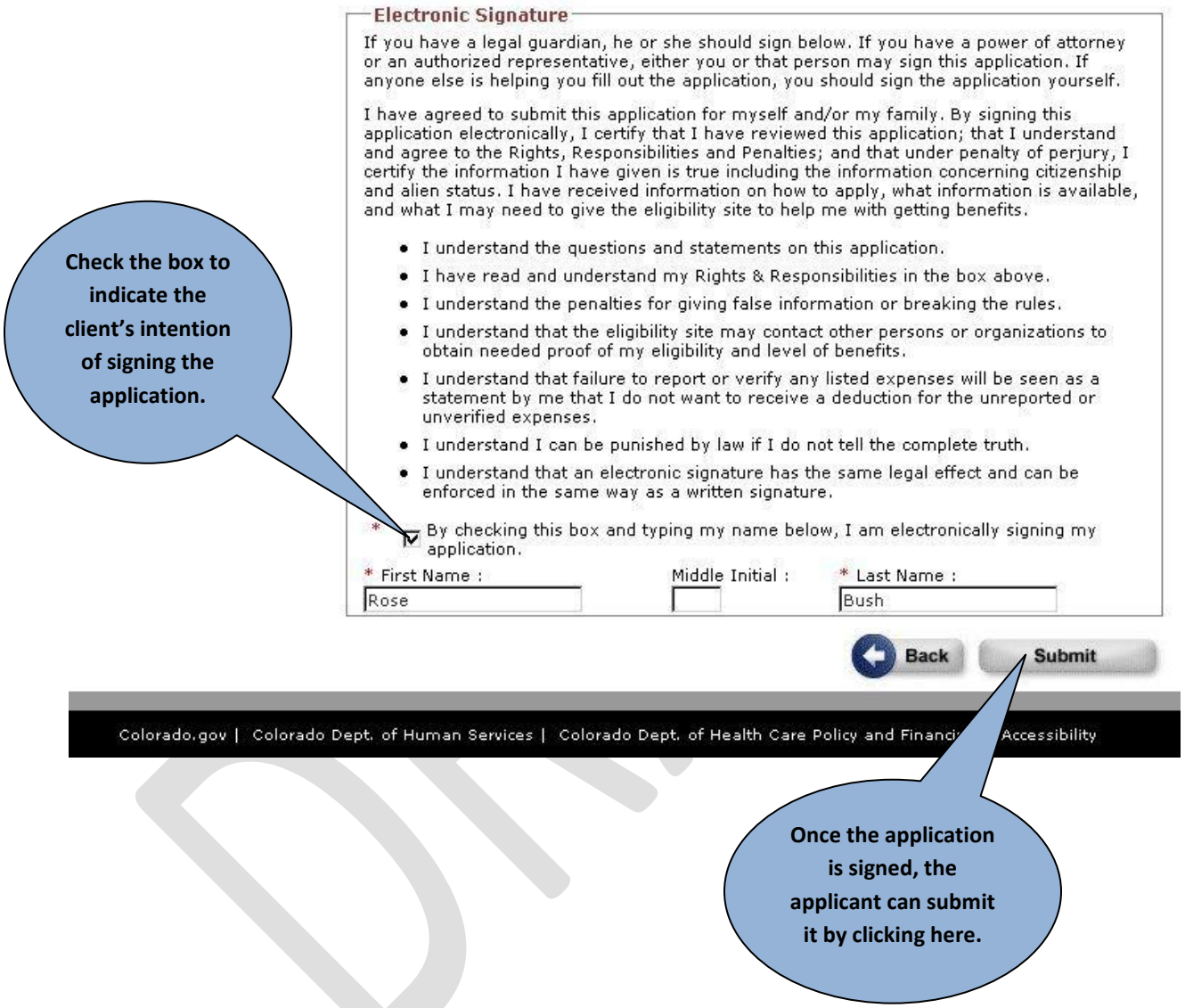
Signing and Submitting the Application

To sign the application, the applicant should read the signature statement, check the box, and then enter their own name in the fields provided.


Electronic Signature
If you have a legal guardian, he or she should sign below. If you have a power of attorney or an authorized representative, either you or that person may sign this application. If anyone else is helping you fill out the application, you should sign the application yourself.
I have agreed to submit this application for myself and/or my family. By signing this application electronically, I certify that I have reviewed this application; that I understand and agree to the Rights, Responsibilities and Penalties; and that under penalty of perjury, I certify the information I have given is true including the information concerning citizenship and alien status. I have received information on how to apply, what information is available, and what I may need to give the eligibility site to help me with getting benefits.
I understand the questions and statements on this application.
I have read and understand my Rights & Responsibilities in the box above.
I understand the penalties for giving false information or breaking the rules.
I understand that the eligibility site may contact other persons or organizations to obtain needed proof of my eligibility and level of benefits.
I understand that failure to report or verify any listed expenses will be seen as a statement by me that I do not want to receive a deduction for the unreported or unverified expenses.
I understand I can be punished by law if I do not tell the complete truth.
I understand that an electronic signature has the same legal effect and can be enforced in the same way as a written signature.
* By checking this box and typing my name below, I am electronically signing my application.
* First Name : Rose
Middle Initial :
* Last Name : Bush
Back
Submit
Colorado.gov | Colorado Dept. of Human Services | Colorado Dept. of Health Care Policy and Financi Accessibility
Check the box to indicate the client's intention of signing the application.
Once the application is signed, the applicant can submit it by clicking here.

NOTE: The client must submit sign and submit their own application.

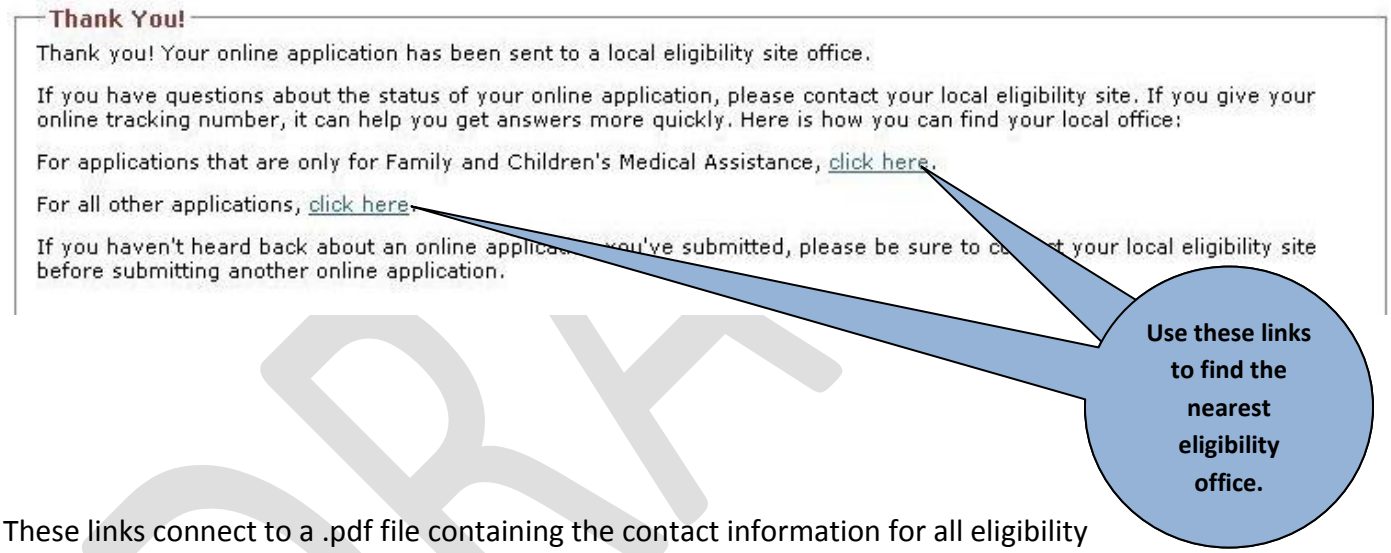
The Initiated Application

Submitting an application online is just the first step in ensuring that a client receives the benefits to which they may be eligible. They must provide the eligibility site with the necessary documentation that supports their application.

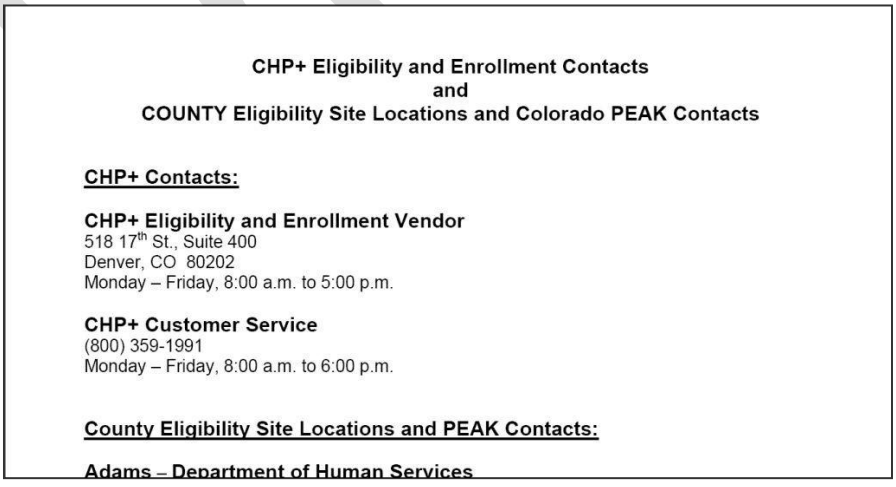
Applications are sent to two locations:

- Family and children's medical only applications are sent to the Eligibility Assistance Site
- All other applications (cash assistance only, nutrition assistance only, combined applications) will be sent to the nearest county office (determined by zip code).

To find out the eligibility site that the application was sent to in order to follow-up with documentation, a client may use the links provided.


Thank You!
Thank you! Your online application has been sent to a local eligibility site office.
If you have questions about the status of your online application, please contact your local eligibility site. If you give your online tracking number, it can help you get answers more quickly. Here is how you can find your local office:
For applications that are only for Family and Children's Medical Assistance, click here.
For all other applications, click here.
Use these links to find the nearest eligibility office.

These links connect to a .pdf file containing the contact information for all eligibility sites in the state of Colorado. Offices are listed alphabetically by county.



CHP+ Eligibility and Enrollment Contacts
and
COUNTY Eligibility Site Locations and Colorado PEAK Contacts

CHP+ Contacts:

CHP+ Eligibility and Enrollment Vendor
518 17th St., Suite 400
Denver, CO 80202
Monday – Friday, 8:00 a.m. to 5:00 p.m.

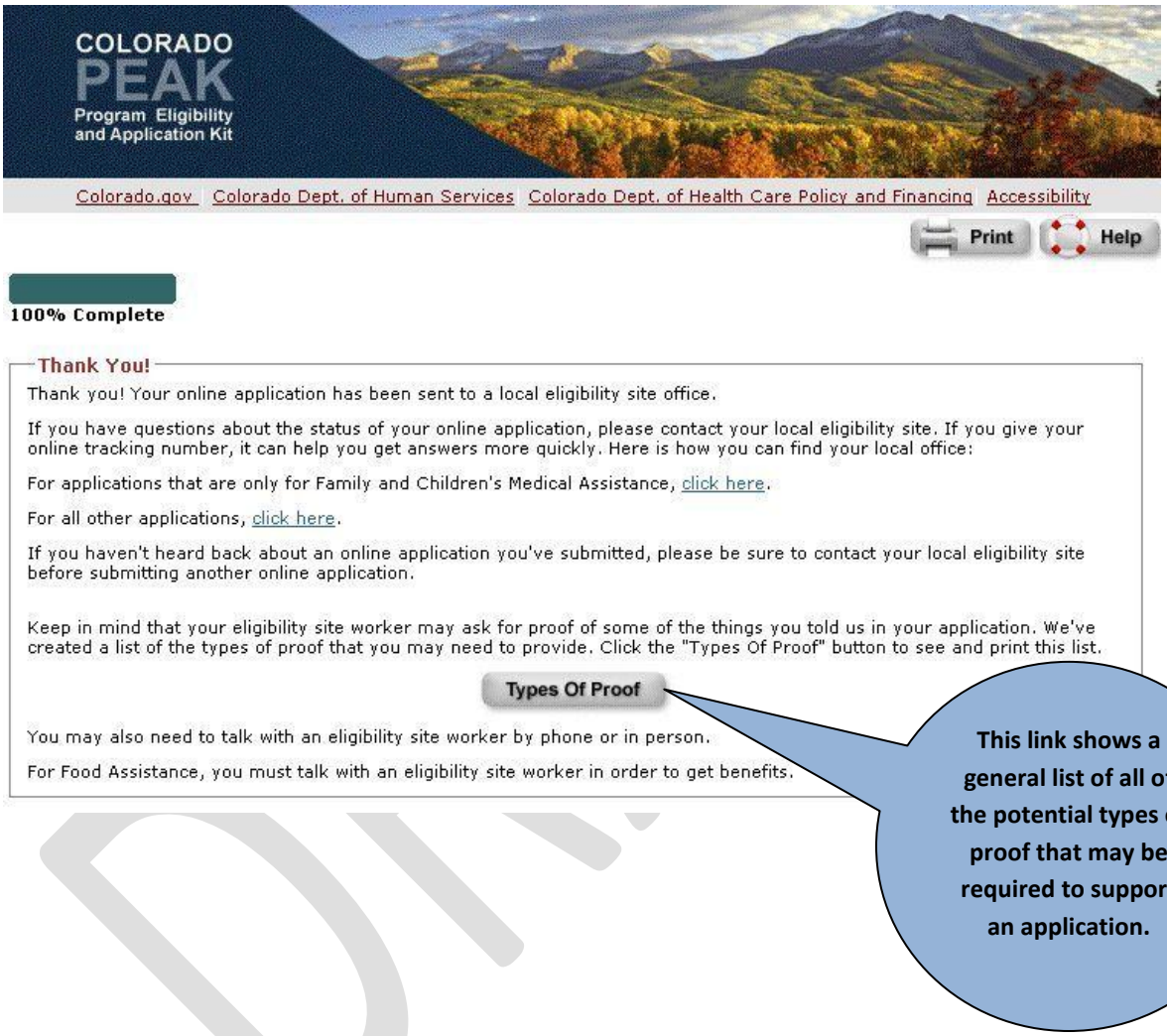
CHP+ Customer Service
(800) 359-1991
Monday – Friday, 8:00 a.m. to 6:00 p.m.

County Eligibility Site Locations and PEAK Contacts:

Adams – Department of Human Services

The list of documents that may be used as proof of the information provided on the application is linked to using the *"Types of Proof"* button.

NOTE: The types of proof listed here is a general list. For detailed information on which documents may be used to support each program in PEAK, consult the Program Overview and Quick Reference Guide supplied with this manual.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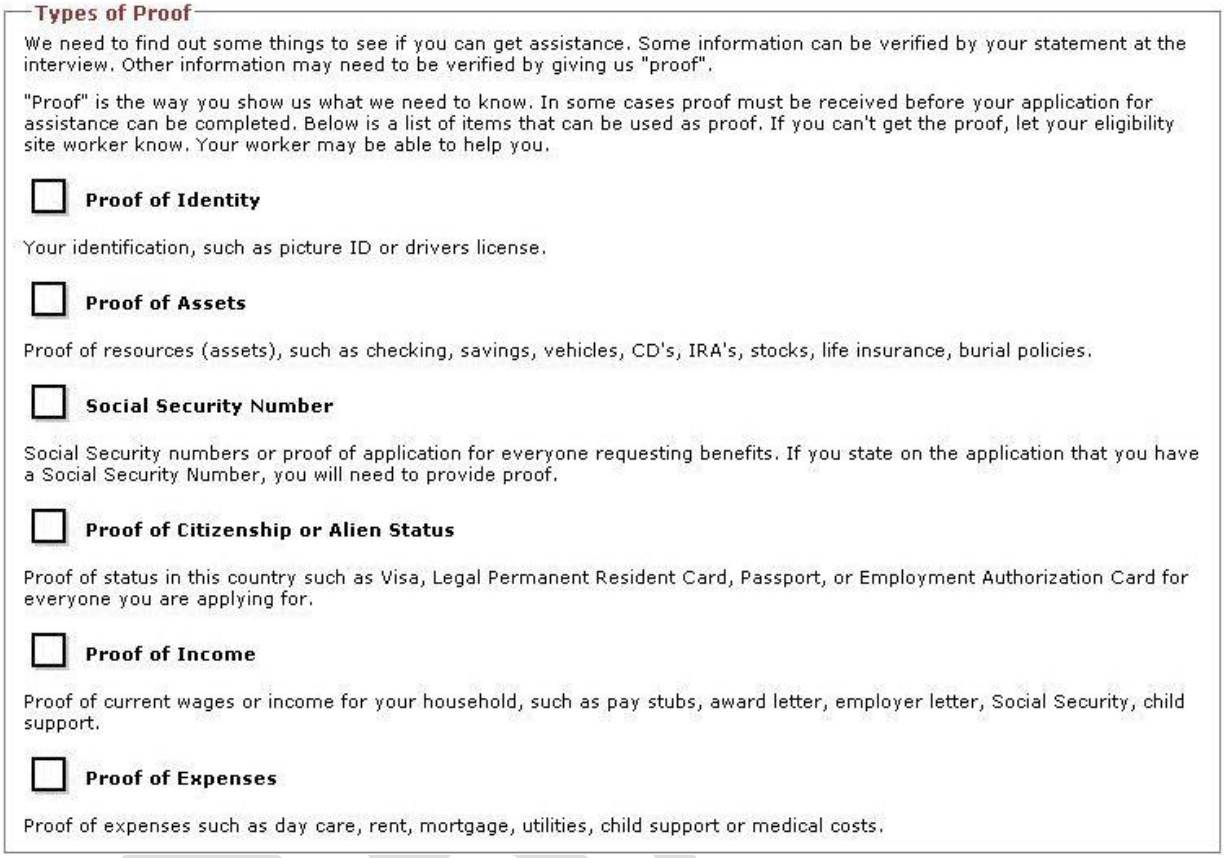
Colorado.gov
Colorado Dept. of Human Services
Colorado Dept. of Health Care Policy and Financing
Accessibility
Print
Help
100% Complete
Thank You!
Thank you! Your online application has been sent to a local eligibility site office.
If you have questions about the status of your online application, please contact your local eligibility site. If you give your online tracking number, it can help you get answers more quickly. Here is how you can find your local office:
For applications that are only for Family and Children's Medical Assistance, click here.
For all other applications, click here.
If you haven't heard back about an online application you've submitted, please be sure to contact your local eligibility site before submitting another online application.
Keep in mind that your eligibility site worker may ask for proof of some of the things you told us in your application. We've created a list of the types of proof that you may need to provide. Click the "Types Of Proof" button to see and print this list.
Types Of Proof
You may also need to talk with an eligibility site worker by phone or in person.
For Food Assistance, you must talk with an eligibility site worker in order to get benefits.
This link shows a general list of all of the potential types of proof that may be required to support an application.

The general list of documents that may be needed to be verified by the eligibility site includes:

NOTE: This list may be printed out and handed to the client so that they have the information they may need to complete the application process.



Types of Proof

We need to find out some things to see if you can get assistance. Some information can be verified by your statement at the interview. Other information may need to be verified by giving us "proof".

"Proof" is the way you show us what we need to know. In some cases proof must be received before your application for assistance can be completed. Below is a list of items that can be used as proof. If you can't get the proof, let your eligibility site worker know. Your worker may be able to help you.

☐ **Proof of Identity**

Your identification, such as picture ID or drivers license.

☐ **Proof of Assets**

Proof of resources (assets), such as checking, savings, vehicles, CD's, IRA's, stocks, life insurance, burial policies.

☐ **Social Security Number**

Social Security numbers or proof of application for everyone requesting benefits. If you state on the application that you have a Social Security Number, you will need to provide proof.

☐ **Proof of Citizenship or Alien Status**

Proof of status in this country such as Visa, Legal Permanent Resident Card, Passport, or Employment Authorization Card for everyone you are applying for.

☐ **Proof of Income**

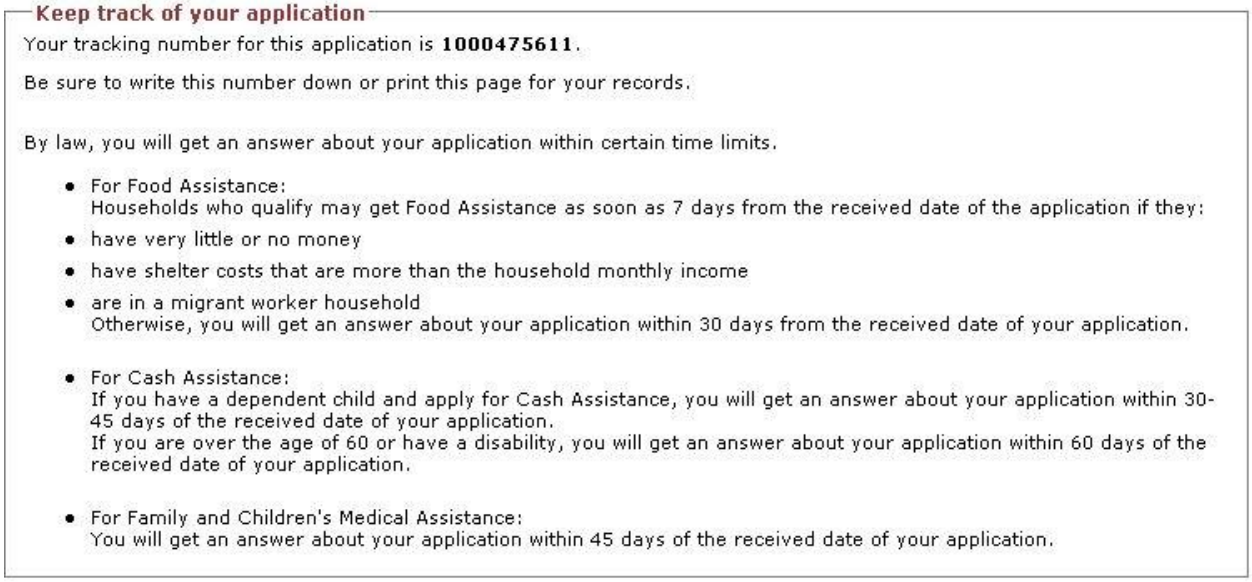
Proof of current wages or income for your household, such as pay stubs, award letter, employer letter, Social Security, child support.

☐ **Proof of Expenses**

Proof of expenses such as day care, rent, mortgage, utilities, child support or medical costs.

The Tracking Number

It is important that the tracking number of the application that has been submitted be retained. This number can be referred to when documents are shown to the eligibility site. Encourage your clients to keep this number in a safe place until their benefits are determined.


Keep track of your application
Your tracking number for this application is 1000475611.
Be sure to write this number down or print this page for your records.
By law, you will get an answer about your application within certain time limits.
For Food Assistance:
Households who qualify may get Food Assistance as soon as 7 days from the received date of the application if they:
have very little or no money
have shelter costs that are more than the household monthly income
are in a migrant worker household
Otherwise, you will get an answer about your application within 30 days from the received date of your application.
For Cash Assistance:
If you have a dependent child and apply for Cash Assistance, you will get an answer about your application within 30-45 days of the received date of your application.
If you are over the age of 60 or have a disability, you will get an answer about your application within 60 days of the received date of your application.
For Family and Children's Medical Assistance:
You will get an answer about your application within 45 days of the received date of your application.

Completing the Optional Survey

In an effort to get feedback on PEAK, clients are encouraged to take the optional survey. It is a quick survey that takes just minutes to complete, and is accessed by the clicking on the *"Survey"* button on the application.

Optional Survey
Click the "Survey" button to take a short survey about your online experience. It should take just a few minutes to complete the survey.
Survey

Printing an Application

The PEAK online application can be printed out using the *"Print My Application"* button, if the client wants a hard copy. Also, this option may be important for certain medical determination processes.

There is a link to download Adobe Acrobat if you don't have it on the computer you are using.

Print Your Application
If you would like to print a copy of your application for your files, please click the "Print My Application" button. If you decide to print, please keep in mind that your application has your private, personal information in it.
Print My Application
Keep in mind that you'll need to have a program called Adobe Acrobat Reader to see and print this information. If you don't have this program on your computer, you may install it for free by clicking on the button below:
Get Adobe Reader
If you would like to register to vote, please click here.
Keep in mind you can come back later to PEAK to view your submitted application.
Exit

Make sure you exit out of the online application when you have completed the application with the client.

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Next Steps

Completing the Application Process

Hitting "Submit" in PEAK just starts the application process. There are a few more things that applicants will need to do to complete their application. It is important that they understand that submitting the application is the just part the first part of the process.

What do applicants have to do next?

The documents that support what has been disclosed in the application will need be submitted. If everything has been submitted with the application, then the eligibility technicians will process the case. If there are still documents to submit, then clients will need to review the checklist of items given either in-person or by mail and submit their remainng documents.

The ***best*** way for applicants to submit documents is to bring them to the county office or Certified Application Assistance Site near where they live. Copies of all other documents can also be submitted by fax or mail. Some counties can accept scanned and e-mailed documents. Visit www.colorado.gov/PEAK to find all of the contact information needed to submit.

NOTE: Medical programs need to see originals of IDs and/or Birth Certificates.

How will applicants know that their benefits are approved?

Applicants will receive a letter once benefits have been determined. They may also receive a phone call from a technician; however, most counties will send a standard letter. If clients would like to know how to get more information on their benefits, they can sign on to one of the following:

- **PEAK Website**: www.colorado.gov/PEAK "Check My Benefits" – unlimited access
- **EBT Website**: www.coloquestcard.com – unlimited access
- **EBT Customer Service phone line**: 1-888-328-2656 – limited to 10 calls per month

How long will it take to process benefits?

Technicians will work as quickly as possible to complete application as soon as they receive all of the supporting documents. The chart below explains how long it may take to process an application based on program rules.

Program:	How Long?
Medicaid/CHP+	45 days
Food Assistance	7 days (emergency), or 30 days
CO Works/TANF	45 days*
Long Term Care	45 days**
Aid to the Needy/Disabled	60 days
Old Age Pension	60 days
Home Community Based Service	45 days
Home Care Allowance	60 days

***CO Works note**: Benefits cannot be processed until an orientation at the Workforce Center has been completed.

****Long Term Care note:** Disability applications may take longer to process.

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